

COVID-19 PRE-SCREENING QUESTIONNAIRE

The court is taking precautions and requiring each person who enters a courthouse to review this pre-screening questionnaire before leaving home to come to the courthouse. This questionnaire is for your review and self-evaluation only and does not need to be printed or submitted to the court.

If you answer Yes to any of the below:

And you are a **case participant**, contact the courtroom deputy clerk for the case.
And you are an **empaneled juror**, contact the courtroom deputy clerk for the case.
And you are a **prospective juror**, contact the Jury Office.
And you are an **employee**, contact your supervisor or your judge.

1. Are you currently experiencing, or have you experienced in the past 48 hours, any of the following symptoms?

Fever (temperature of 100.4°F or higher)	Yes	No
Cough	Yes	No
Sore throat	Yes	No
Runny or stuffy nose	Yes	No
New loss of taste or smell	Yes	No
Nausea or vomiting	Yes	No
Diarrhea	Yes	No

2. In the last two weeks, have you or a member of your household tested positive for COVID-19?

Yes No

3. Have you or a member of your household been told by a medical or governmental professional to self-isolate today due to COVID-19?

Yes No

4. Are you or a member of your household currently in self-isolation awaiting COVID-19 test results? (Answer "no" if the test is due to travel plans only.)

Yes No