



Robert M. Farrell

CLERK OF COURT

JUROR Health Screening Questionnaire

Name: _____

Date: _____

The court is committed to ensuring your safety and the safety of your fellow jurors while you serve the court. Please complete the attached questionnaire to help us keep you safe.

1. In the past ten days, have you experienced any of the following symptoms:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Cough |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath or difficulty breathing |
| <input type="checkbox"/> | <input type="checkbox"/> | Fever (temperature at or above 100.4), felt feverish or experienced shaking chills |
| <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea or vomiting |
| <input type="checkbox"/> | <input type="checkbox"/> | Muscle pain |
| <input type="checkbox"/> | <input type="checkbox"/> | Sore throat |
| <input type="checkbox"/> | <input type="checkbox"/> | New loss of taste or smell |
| <input type="checkbox"/> | <input type="checkbox"/> | I have none of the above symptoms |

2. In the past fourteen days, have you been awaiting COVID-19 test results?

- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

2a. If you answered Yes to Question 2, did you take the COVID-19 test as the result of experiencing symptoms of COVID-19 or because you had “close contact” with a person who tested positive for COVID-19? (The definition of “close contact” is “someone with whom you have been within 6 feet of for at least 10-15 minutes while symptomatic or within 48 hours before symptom onset”).

- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

3. In the past fourteen days, have you, to your knowledge, been in “close contact” with someone with COVID-19? (The definition of “close contact” is “someone with whom you have been within 6 feet of for at least 10-15 minutes while symptomatic or within 48 hours before symptom onset”).

Yes No

4. In the past fourteen days, have you been ordered by a public health authority or medical professional to isolate or quarantine due to COVID-19?

Yes No