

## JURY SERVICE COVID-19 PRE-SCREENING QUESTIONNAIRE

Dear Prospective Juror:

As part of the court's ongoing measures to protect against the spread of the COVID-19 disease, we ask that you complete the following:

**1. SYMPTOMS WITHIN THE LAST 14 DAYS:** check any that apply to YOU or A MEMBER OF YOUR HOUSEHOLD

Fever (above 100.0)  Change in taste, smell or appetite  Cough  
 Headache  Shortness of Breath  Diarrhea  Chills or repeated shaking with chills  
 Muscle pain or body aches  Sore throat  
 I certify that NONE of the symptoms above have been experienced by me or a member of my household in the past 14 days.

**2. CONTACT HISTORY** - check any that apply to YOU or A MEMBER OF YOUR HOUSEHOLD:

I or a member of my household has been diagnosed with COVID-19 within the past 4 months;  
 I or a member of my household has been in close contact with someone exposed to or infected with COVID-19 in the last 14 days;  
 I or a member of my household are currently on a watch list or self-quarantining because of possible COVID-19 exposure;  
 NONE of the above apply.

**3. COVID-19 RELATED EXCUSE OR EXTENSION:** Individuals who are over age 65 and individuals with serious underlying health conditions, such as high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised, such as by chemotherapy for cancer or other conditions requiring such therapy, are considered to be vulnerable populations and may request to reschedule or be excused from grand jury service at this time. If you wish to be excused or request that your grand jury service date be rescheduled, check the box below.

*I certify that I meet the above-described conditions and I am requesting to be excused from jury service or desire to have my service date rescheduled because of those conditions.*

**4. FACE COVERINGS:** Prospective jurors are required to wear a face covering while they are in the courthouse. Individuals are encouraged to bring a cloth face covering with them. If an individual does not have a cloth face covering, a disposable face mask will be provided upon request.

I certify the above is true and correct:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name