

COURTHOUSE SCREENING QUESTIONNAIRE

Question 1: Do you have any of the following symptoms (excluding those due to a known medical reason other than COVID-19):

- a) Cough
- b) Shortness of breath or difficulty breathing
- c) Fever or chills
- d) Fatigue
- e) Muscle or body aches
- f) Headache
- g) Sore throat
- h) New loss of taste or smell
- i) Congestion or runny nose
- j) Nausea or vomiting
- k) Diarrhea

Question 2: Are you currently awaiting the results of a test to determine if you have COVID-19 based on symptoms or suspected exposure?

Question 3: Are you under instructions to self-isolate or quarantine due to COVID-19?

Question 4: Within the past 14 days, have you had close contact with someone with a COVID-19 diagnosis or who is awaiting test results for COVID-19 based on symptoms or suspected exposure? ("Close contact" is defined as contact that is less than 6 feet for 15 minutes or more, irrespective of whether a cloth face covering or respiratory PPE was worn.)