

DISTRICT COURT OF MARYLAND INITIAL SCREENING QUESTIONNAIRE

For infection control purposes, I need to ask you a few questions:

<p>1. Are you fully vaccinated with either the Pfizer, Moderna, or Johnson and Johnson COVID-19 vaccine; and currently not experiencing any symptoms of COVID-19; and have not tested positive for COVID-19 in the past 10 days? If yes, no further screening is available. If you are not vaccinated or prefer not to answer this question or answer no, proceed to questions #2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Have you had any of the following symptoms in the last seven (7) days:</p> <ul style="list-style-type: none"> • Cough (either new, or different than your usual cough), shortness of breath, or difficulty breathing? • Fever (either subjective, or measured) or chills? • Sore throat, unusual muscle pain, or unusual headache? • New loss of taste or smell? • Nausea, vomiting, diarrhea, or any other flu-like symptoms? <p>Current body temperature is _____ (Bailiff / Screener will complete)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Have you had a positive test for COVID-19 infection within ten (10) days with symptoms?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Have you been in close, prolonged contact (less than 6 feet for more than 15 minutes) within the last week with someone with a fever, cough, shortness of breath, nausea, vomiting, diarrhea, flu-like symptoms, or adiagnosis of COVID-19?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No



Individuals who answer **YES** to questions 2, 3, or 4 on the Initial Screening Questionnaire** **OR** have a temperature of 100.4°F [38°C] or higher **OR** refuse to participate in the screening process **must** be denied access to the facility.

Names of Individual Seeking Access: _____ (please print)

Address of Individual Seeking Access: _____

Phone Number of Individual Seeking Access: _____

Access Determination: _____ Approved _____ Denied

Name of staff completing form _____ Date: _____ Time: _____