

## DISTRICT COURT OF MARYLAND INITIAL SCREENING QUESTIONNAIRE

| For infection control purposes, I need to ask you a few questions:  |  |
|---|--|
| 1. Have you tested positive for COVID 19 in the past 5 days? <b>If yes, entry is denied.</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you currently experiencing any symptoms of COVID-19, such as: fatigue, nasal congestion, runny nose, head/body aches, cough, fever (either subjective, or measured), chills, shortness of breath, difficulty breathing, new loss of taste or smell, nausea, vomiting, diarrhea, or any other flu-like symptoms?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you been exposed to someone with COVID-19 within the past five (5) days and completed the primary series of Pfizer or Moderna COVID-19 vaccine over 6 months ago and are not boosted or completed the primary series of J&J COVID-19 vaccine over 2 months ago and are not boosted from COVID-19 or are unvaccinated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. <b>Current body temperature is</b> _____ <b>(Bailiff / Screener will complete).</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Individuals who answer **YES** to questions 1, 2 or 3 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: \_\_\_\_\_

(Please Print)