

# DISTRICT COURT OF MARYLAND INITIAL SCREENING QUESTIONNAIRE

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

<p><b>1.</b> Are you fully vaccinated with either the Pfizer, Moderna, or Johnson and Johnson COVID-19 vaccine <u>and</u> are asymptomatic for COVID-19? If yes, no further health screening is required. If no, or you prefer not to answer this question, proceed with the temperature check and additional health screening questions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>2.</b> Have you had any of the following symptoms in the last seven (7) days:</p> <ul style="list-style-type: none"> <li>• Cough (either new, or different than your usual cough), shortness of breath, or difficulty breathing?</li> <li>• Fever (either subjective, or measured) or chills?</li> <li>• Sore throat, unusual muscle pain, or unusual headache?</li> <li>• New loss of taste or smell?</li> <li>• Nausea, vomiting, diarrhea, or any other flu-like symptoms?</li> </ul> <p><b>Current body temperature is _____ (Bailiff / Screener will complete)</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>3.</b> 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><b>4.</b> 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: \_\_\_\_\_

(Please Print)