Today's Date: __/__/____

I certify that the information provided is correct to the best of my knowledge.

Employee/Visitor Name: (Please Print) _____

Employee/Visitor Name: (signature) _____

Destination _____ (Courtroom) (Clerk Office) (Family Service) (ROW) (other)_____

HEALTH SCREENING QUESTIONNAIRE

IMPORTANT: The screener should immediately STOP the screening and deny access to any individual who answers YES to ANY screening question*.

For infection control purposes, please complete the below questions:	
Have you had any of the following symptoms in the last seven (7) days: • 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? • ***Current body temperature is _____f (SPO/ screener will complete)***	☐ Yes ☐ No
In the past week, have you been in close (less than 6 feet), prolonged contact (more than 2-3 minutes) with someone with fever, cough, shortness of breath, nausea, vomiting, diarrhea, flu-like symptoms, or a diagnosis of COVID-19?	☐ Yes ☐ No
Have you had a positive test for COVID-19 infection within the past ten (10) days?	☐ Yes ☐ No

Individuals who answer **YES** to **ANY** question on the Initial Screening Questionnaire* **OR** have a temperature of 100.4°F [38°C] **OR** refuse to participate in the screening process **must** be denied access to the facility.
Those who are denied access should immediately contact their direct supervisor, HR-Employee Relations at (410) 260-1732 or **ER@mdcourts.gov,** and their doctor for further assistance.

Access Determination: _____ Approved _____ Denied

SPO/ Name of screener: _____ Date: _____ Time: _____

*Unless proper medical documentation is on file with HR to authorize an exception

MARYLAND JUDICIARY