

JURY COVID ATTACHMENT A

COVID-19 INITIAL SCREENING QUESTIONNAIRE FOR PROSPECTIVE JURORS

The virus that causes novel coronavirus disease (COVID-19) is primarily spread from person to person. Courtrooms are considered medium exposure risk environments. To help protect the health of Idahoans, an initial screening to determine juror eligibility to serve should be conducted. Answering the medical questions is solely for the purpose of determining whether a juror can serve and the answers to the questions must be kept confidential.

1. Are you 65 years of age or older? YES NO
2. Do you have any medical conditions that put you at high risk for COVID-19? YES NO
 Examples are chronic kidney disease, chronic obstructive pulmonary disease (COPD), immunocompromised (weakened immune system) from solid organ transplant, severe obesity (body mass index [BMI] of 30 or higher), serious heart condition (such as heart failure, coronary artery disease, or cardiomyopathies), sickle cell disease, or type 2 diabetes mellitus. [Note: COVID-19 is a new disease and this list is subject to change. Changes will be posted to <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>.]
3. Are you a healthcare worker directly involved with the diagnosis, treatment, management, or care of patients who have or are suspected of having COVID-19? YES NO
 [Note: Healthcare workers include physicians, nurses, nursing assistants, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, phlebotomists, pharmacists, therapists, hospital volunteers, and some administrative staff and environmental services]
4. Are you currently experiencing, any of the following symptoms?

<input type="checkbox"/> Chills <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Fatigue <input type="checkbox"/> Muscle or Body aches <input type="checkbox"/> Headache	<input type="checkbox"/> New loss of taste or smell <input type="checkbox"/> Sore throat <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Conjunctivitis ("pink eye") <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Diarrhea
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5. Do you feel feverish or have a temperature above 100°F? *If a thermometer is available, please take your temperature before answering this question.* YES NO
6. In the past 14 days, has anyone in your household tested positive for SARS-CoV-2 or COVID-19? YES NO
7. In the past 14 days, have you been in close contact with anyone else who has tested positive for COVID-19? *Close contact means less than 6 feet apart for 15 minutes or more.* YES NO
8. In the past 14 days, have you tested positive for SARS-CoV-2 or COVID-19 or been told by your health care provider that you might have COVID-19? YES NO
9. In the past 14 days, have you been notified by your public health district that you were or might have been in close contact with someone who tested positive for COVID-19? YES NO
10. Have you tested for COVID-19 and are waiting to receive test results? YES NO

If your answer to any of the above questions is YES, the Jury Commissioner will contact you.