COVID-19 RISK FACTOR ASSESSMENT

Our screening process also includes the following questionnaire. According to the Centers for Disease Control (CDC), some individuals are at a higher risk of serious illness or complications from COVID-19. (For more information, please go to: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html) Your answers will help us better understand your health risks and needs. If you answer yes to any of these questions, please contact the Clerk of Court (540) 332-3874 or the Sheriff's Office (540) 332-3880 to report all affirmative answers and receive further instructions.

1. Are you over the age of 65?

   YES **NO**

2. Do you have a condition that makes you at higher risk for COVID-19 virus? (including but not limited to high blood pressure, chronic lung disease, diabetes, obesity, asthma, liver disease, severe obesity, chronic kidney disease, heart conditions, etc.)

   YES **NO**

3. Do you care for someone or people who are higher risk?

   YES **NO**

4. Does someone or do people at higher risk live in your household?

   YES **NO**

5. Are you the sole caretaker of a child?

   YES **NO**

   If yes, do you have no childcare available to you? **YES** **NO**

6. Do you interact with high-risk people for work?

   YES **NO**

7. Do you work in a long-term care facility or other healthcare environment?

   YES **NO**

EXHIBIT 3

COVID-19 Self-Check

4. Have you been in close proximity to anyone who was experiencing any of the above listed symptoms?

YES **NO**

5. Have you had a temperature at or above 100 degrees?

YES **NO**

6. Have you experienced loss of taste or smell that you cannot attribute to another health condition?

YES **NO**

7. Have you, or a co-worker, or a member of your immediate family been directed to quarantine, isolate, or self-monitor?

YES **NO**

8. Have you been diagnosed with, or had contact with anyone who has been diagnosed with COVID-19, or resided with someone who has been diagnosed with, or had contact with someone who has been diagnosed with COVID-19?

YES **NO**

Do you believe that your health or that of a relative or person with whom you reside may be endangered by you serving on a jury?

YES **NO**

Have you been tested for COVID-19 and are awaiting results?

YES **NO**