COVID-19 SELF-CHECK QUESTIONNAIRE

Your health and well-being are important and we are committed to providing a safe environment in the Staunton Circuit Court. Anyone coming into the courthouse will be screened and a part of our screening process includes this questionnaire. If you answer **YES** to any of these questions within fourteen days of the trial date you are summonsed for, do **NOT** come to the courthouse. You must **IMMEDIATELY** 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.

Within the last 14 days:

1. Have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?

   YES **NO**

2. Have you travelled outside of the country/internationally?

   YES **NO**

3. Have you experience, or are you experiencing, any of the following (other than from a pre-existing non-COVID diagnosis):

   a. Fever? **YES** **NO**

   b. Chills? **YES** **NO**

   c. Cough? **YES** **NO**

   d. Shortness of breath? **YES** **NO**

   e. Difficulty breathing? **YES** **NO**

   f. Fatigue? **YES** **NO**

   g. Muscle of body aches? **YES** **NO**

   h. Headaches? **YES** **NO**

   i. New loss of taste or smell? **YES** **NO**

   j. Sore throat? **YES** **NO**

   k. Congestion or runny nose? **YES** **NO**

   l. Nausea or vomiting? **YES** **NO**

   m. Diarrhea? **YES** **NO**