

UNITED STATES DISTRICT COURT
Western DISTRICT OF VIRGINIA

LAURA A. AUSTIN
CLERK OF COURT

MICHAEL F. URBANSKI
CHIEF JUDGE

Screening Questionnaire

One of the Court's overriding priorities is the safety of both our staff and jurors. As the COVID-19 outbreak continues to evolve, our Court is monitoring the situation closely and will coordinate juror reporting based on current recommendations from the Centers for Disease Control and local and national health authorities.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our staff and jurors, we are conducting this simple screening. Your voluntary participation is important to help us take precautionary measures to protect you and everyone in our courthouses. Within five (5) days, please complete this form below and return it in the enclosed envelope, or complete the fillable form located on our website. The form can be found at www.vawd.uscourts.gov/jurors/screening-questionnaires and submitted via email to Lynchburg-jury@vawd.uscourts.gov.

As of the date you sign this form, within the last 14 days:

1	Have you traveled outside of the Western District of Virginia? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where _____
2	Have you been diagnosed with COVID-19, or had contact with anyone who has been diagnosed with COVID-19? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been directed to quarantine or isolate? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you experienced a fever or chills, persistent cough, shortness of breath or difficulty breathing, new loss of taste or smell, or other flu-like symptoms? Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Have you resided with, or been in close contact with, any person in the above-mentioned categories? Yes <input type="checkbox"/> No <input type="checkbox"/>
In addition:	
6	Are you a healthcare worker directly involved with the treatment of the COVID-19 disease, or work in another field that puts you in direct contact with people who have been diagnosed with COVID-19? Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Are you over age 65, or a person of any age with an underlying medical condition that puts you at a higher risk of developing serious health complications from COVID-19, or do you live with or provide direct care for a vulnerable person? Yes <input type="checkbox"/> No <input type="checkbox"/>

Subsequent to submitting this form, if conditions change such that you should answer "Yes" to any of the questions to which you answered "No," please contact our office by calling the phone number listed below or by email at Lynchburg-Jury@vawd.uscourts.gov or by mail.

Signature: _____ Date: _____

I hereby declare under the penalty of perjury that my answers are all true and correct to the best of my knowledge, information and belief.

Your Participant #: _____