

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) _____

Judiciary Building: circle one (MJC) (COA) (APOD) (JIS) (other)_____

Annapolis Complex HEALTH SCREENING QUESTIONNAIRE

For infection control purposes, please review the following questions:	
<p>Have you had any of the following symptoms in the last five (5) days:</p> <ul style="list-style-type: none">• 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)	<p><input type="checkbox"/> **Yes <input type="checkbox"/> No</p>
<p>In the past week, have you been in close, prolonged contact (less than 6 feet for more than 15 minutes) with someone with a diagnosis of COVID-19, and you are not fully vaccinated, and/or you have COVID-19 symptoms regardless of vaccination status?</p>	<p><input type="checkbox"/> *Yes <input type="checkbox"/> No</p>
<p>Have you had a positive test for COVID-19 infection within five (5) days?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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 **may** 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.

Outside contractors should contact the Director of Department of Procurement, Contracts and Grant Administration, Daniel Mays at (410)260-1594 or Daniel.Mays@mdcourts.gov.

SPO/ Name of screener: _____

* If yes, you may need medical clearance before returning to work.

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

(Rev. 01/05/2022)

Date: _____ Time: _____

