



Superior Court of California  
COUNTY OF ALAMEDA

## COVID-19 Health Screening Survey

Per the recommendations of the Alameda County Public Health Department the Court is performing health screenings on all members of the public to check for possible symptoms of COVID-19.

HEALTH SCREENING QUESTIONS	YES	NO
1. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?		
2. Do you live in the same household with, or have you had close contact* with someone who in the past 14 days has been in isolation for COVID-19 or had a test confirming they have the virus?		
3. Have you had any one or more of these symptoms today or within the past 24 hours, which is new or not explained by a reason other than possibly having COVID-19?  - Fever, Chills, or Repeated Shaking/Shivering - Cough - Sore Throat - Shortness of Breath, Difficulty Breathing - Feeling Unusually Weak or Fatigued - Loss of Taste or Smell - Muscle Pain - Nausea or Vomiting - Diarrhea		

\* "Close contact" is defined as living in the same house, being an intimate partner, being a caregiver, or being within 6 feet of an individual for longer than 15 minutes who has COVID-19.

NAME: \_\_\_\_\_ (Please print) DATE: \_\_\_\_\_

EMAIL (OR PHONE #): \_\_\_\_\_

PURPOSE OF VISIT: \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct:

Signature: \_\_\_\_\_

➤ IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, IMMEDIATELY ADVISE COURT STAFF BEFORE PROCEEDING ANY FURTHER.