

COVID-19 PRE-SCREENING QUESTIONNAIRE

The Probation Office is taking precautions and requiring each person who enters a courthouse or Federal Building to review this pre-screening questionnaire before leaving home to come to the courthouse. This questionnaire is for your review and self-evaluation only and does not need to be printed or submitted to us.

If you are planning to report, in person, to the Probation Office and answer YES to any of the questions below, call your USPO and discuss prior to coming to the office.

1. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?

Fever (temperature greater than or equal to 100.4°F)	Yes	No
Cough	Yes	No
Shortness of breath	Yes	No
Muscle or body aches	Yes	No
New loss of taste or smell	Yes	No
Nausea or vomiting	Yes	No
Diarrhea	Yes	No
Fatigue, in addition to other symptoms	Yes	No
Headache, in addition to other symptoms	Yes	No
Sore throat, in addition to other symptoms	Yes	No
Congestion or runny nose, in addition to other symptoms	Yes	No

2. Are you or a member of your household in self-isolation or awaiting COVID-19 test results, or have you or a member of your household been told to self-isolate?

Yes No

3. Have you or a member of your household tested positive for COVID-19 and been advised to remain home in the last two weeks?

Yes No