

CASE NAME: _____

JUDGE: _____

ATTORNEYS: _____

BAILIFFS: _____

COURT SECURITY: _____

START TIME: _____

END TIME: _____

		ARE YOU EXPERIENCING, OR HAVE YOU EXPERIENCED IN THE LAST TWO WEEKS, ANY OF THE FOLLOWING (Check Mark Indicates No Symptom Reported)													
		Juror	Temp.	Exposure to Covid-19	Fever or chills	Cough	Shortness of breath or difficulty breathing	Fatigue	Muscle/body aches	Headache	New loss of taste or smell	Sore throat	Congestion or runny nose	Nausea or vomiting	Diarrhea
	Name														
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															

Completed By: _____

Signature: _____

Date: _____