	E NAME:						JUDGE:								
ATT(	ORNEYS:						<u>BAILIFFS</u>	<u> </u>							
COURT SECURITY:							START TIME: END TIME:								
					ARI	E YOU	J EXPERIE LAST TWO (Check)	ENCINO O WEE Mark I	G, OR I CKS, AN	HAVE VY OF	YOU EXTHE FOR	XPERI OLLOV Repor	ENCEI VING? ted)	) IN TI	ΗE
		Juror	Temp.	Exposure to Covid-	Fever or chills	Cough	Shortnes s of breath or difficulty breathing	Fatigue	Muscle/ body aches		New loss of taste or smell	Sore throat	Congesti on or runny		Diarrhea
	Name														
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															

23								
24								
25								
26								
27								
28								
29			·					
30								

Completed By:	Signature:	Date: