

# CHIPPEWA COUNTY

Everyone who enters our Courthouse buildings at the point of entry must answer the screening questions below.

## COVID-19 Screening Tool

**NAME:** \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

In the last 24 hours, have you experienced:

|                                   |         |        |
|-----------------------------------|---------|--------|
| Subjective fever (felt feverish): | ___ Yes | ___ No |
| Chills:                           | ___ Yes | ___ No |
| Headache:                         | ___ Yes | ___ No |
| New or worsening cough:           | ___ Yes | ___ No |
| Shortness of breath:              | ___ Yes | ___ No |
| Sore throat:                      | ___ Yes | ___ No |
| Loss of smell or taste:           | ___ Yes | ___ No |
| Runny nose or congestion:         | ___ Yes | ___ No |
| Muscle aches:                     | ___ Yes | ___ No |
| Abdominal pain:                   | ___ Yes | ___ No |
| Fatigue:                          | ___ Yes | ___ No |
| Nausea:                           | ___ Yes | ___ No |
| Vomiting:                         | ___ Yes | ___ No |
| Diarrhea:                         | ___ Yes | ___ No |
| Current Temperature:              |         |        |

In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19? \_\_\_ Yes \_\_\_ No

Traveled via airplane international or domestically? \_\_\_ Yes \_\_\_ No

Any individual responding “**yes**” to the screening questions will not be allowed to enter the courthouse until they can pass the screening questions. Screening personnel will notify the court of any individual that does not make it past screening, and the court will work to reschedule a party’s hearing/trial to either a remote proceeding or to a future date when the person may pass courthouse screening.