## **SDNY Entry Questionnaire**

All information provided in response to these questions will be kept confidential. If you answer "Yes" to any question, you must leave the courthouse and not enter any SDNY courthouse for the day\*. You must retake the questionnaire upon returning.

If you have answered "No" to all of these questions, scan the QR code at the bottom of the questionnaire into the entry device and you will then be prompted to take a thermal body temperature scan.

- 1. Have you experienced any of the following symptoms within the past 14 days that are not explained by allergies or an underlying condition?
  - Fever (100.4 degrees or higher, without the use of fever-reducing medications) or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Nausea or vomiting
  - Congestion or runny nose
  - Muscle or body aches
  - Headache
  - Sore throat
  - New loss of taste or smell
  - Diarrhea
- 2. Have you had close contact within the past 14 days with anyone experiencing any of the following symptoms that are not explained by allergies or an underlying condition? *Note: close contact is defined as being less than 6 feet apart from the symptomatic individual for more than 15 minutes.* 
  - Fever (100.4 degrees or higher, without the use of fever-reducing medications) or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Nausea or vomiting
  - Congestion or runny nose
  - Muscle or body aches
  - Headache
  - Sore throat
  - New loss of taste or smell
  - Diarrhea
- 3. Within the past 14 days, have you tested positive for COVID-19, or been told by a health care provider to assume you have COVID-19 due to symptoms?
- 4. Within the past 14 days, have you had close contact with a person with COVID-19 (includes laboratory-confirmed disease or a diagnosis based on symptoms), during the period starting 48 hours before the onset of their symptoms or their positive COVID-19 test? *Note: close contact is defined as being less than 6 feet apart from the COVID-positive individual for more than 15 minutes*
- 5. Have you traveled internationally, or on a cruise or river voyage within the past 14 days?
- 6. Within the past 14 days, have you traveled from a state that has a significant degree of community-wide spread of COVID-19? (Please refer to the New York State Department of Health's website for information on the list of states that currently meet the criteria for required quarantine: <a href="https://coronavirus.health.ny.gov/covid-19-travel-advisory">https://coronavirus.health.ny.gov/covid-19-travel-advisory</a>.)
- 7. Within the past 14 days, have you attended a large gathering (more than 100 people) where people within 6 feet of you were forcefully exhaling (e.g., singing, shouting, chanting) and either you or the people around you were not wearing masks?