

**Oktibbeha County Circuit Court**  
**Covid-19 Questionnaire Sheet**

\_\_\_\_\_ Have you had a fever over 100 in the last 14 days?

Current Temperature \_\_\_\_\_

\_\_\_\_\_ Do you have flu like symptoms?

\_\_\_\_\_ Have you knowingly been exposed to the Covid-19 virus?

\_\_\_\_\_ Have you tested positive for Covid-19?

\_\_\_\_\_ Have you been told to self-quarantine?

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_