

DISTRICT COURT JUDGE  
Flathead County Justice Center  
920 South Main Street, Suite 310  
Kalispell, Montana 59901  
(406) 758-5906

MONTANA ELEVENTH JUDICIAL DISTRICT COURT  
FLATHEAD COUNTY

**JUROR HEALTH SCREEN**

*Please answer the questions below on **the day you report for jury duty**, and provide this completed form to the Bailiff or Clerk of Court when you are checking-in for jury duty.*

(1) In the last 14 days, have you experienced any of the following symptoms:

- |   |               |                              |
|---|---------------|------------------------------|
| ▪ Fever or chills                             | ▪ Fatigue     | ▪ Muscle or body aches       |
| ▪ Cough                                       | ▪ Sore throat | ▪ Congestion or runny nose   |
| ▪ Shortness of breath or difficulty breathing | ▪ Headache    | ▪ Nausea or vomiting         |
|   | ▪ Diarrhea    | ▪ New loss of taste or smell |

Yes \_\_\_\_\_ No \_\_\_\_\_

(2) Do you live or work with anyone confirmed to have COVID-19?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If you know prior to reporting for jury duty that you would answer “Yes” to either of these questions, please fill out an Affidavit of Jury Excuse to be excused in advance of the trial.**

**Juror Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Juror Signature:** \_\_\_\_\_