

UNITED STATES DISTRICT COURT **DISTRICT OF OREGON**

U.S. DISTRICT COURT COVID-19 JUROR QUESTIONNAIRE

Public health and safety remain the Court's overriding priorities. As the COVID-19 outbreak continues, the Chief Judge is monitoring the situation closely in light of national and local health advisories.

To reduce the risk of exposure to every person entering the courthouse, the Court asks you to complete and submit this questionnaire within five days of receiving it.* We also ask you to contact the Court three business days before your summons date if you need to update your responses. Your responses will help the Court take precautionary measures to protect you and others.

You may download this form at ord.uscourts.gov/cov19-eug and return it by e-mail to ejury@ord.uscourts.gov, or you may complete this form and return it in the enclosed postage-paid envelope.

Quest	ionnaire				
Please	e print clearly in b	lue or black ink.			
Nai	me (last, first):				
Participant No.: Phone number: E-mail address:			Reporting date:		
		☐ Cell ☐ Home			
Please	e answer the follow	wing questions and explai	n your selection(s) on Page 2.		
1.		diagnosed with, or had clo COVID-19 within the las	ose contact with, anyone who has been t 14 days?	☐ Yes [□ No
2.				☐ Yes [□ No
3.	Are you over age 65, or a person of any age with an underlying medical condition that puts you at a higher risk of developing serious health complications from COVID-19?			□ Yes [□ No
4.	Do you live wit	h or provide direct care fo	or a vulnerable person?	☐ Yes [□ No
5.	Do you have children at home who require your direct supervision due to school and/or daycare closings? Note: Only answer YES if there is NO ONE else in the household who can provide care during your jury service.				□ No
6.	Does your occu	pation put you at a high ri	sk of exposure to COVID-19? If yes, list	☐ Yes [□ No
<u> </u>			s in the comments section on Page 2.	<u> </u>	
7.	According to the fully vaccinated • 2 weeks a Moderna	l: fter their second dose in a vaccines, or	atrol and Prevention, people are considered 2-dose series, such as the Pfizer or , such as Johnson & Johnson's Janssen	☐ Yes [□ No

Comments to Question Responses

	Question	Comment
1.	Have you been diagnosed with, or had close contact with, anyone who has been diagnosed with COVID-19 within the last 14 days?	
2.	Have you experienced any cold or flu- like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, or difficulty breathing)?	
3.	Are you over age 65, or a person of any age with an underlying medical condition that puts you at a higher risk of developing serious health complications from COVID-19?	
4.	Do you live with or provide direct care for a vulnerable person?	
5.	Do you have children at home who require your direct supervision due to school and/or daycare closings? Note: Only answer YES if there is NO ONE else in the household who can provide care during your jury service.	
6.	Does your occupation put you at a high risk of exposure to COVID-19?	
7.	Are you fully vaccinated against COVID-19? See Page 1 for the CDC description of "fully vaccinated."	
Other	Are you requesting a deferral for a reason not listed in numbers 1-7?	
ignature	<u>:</u> :	Date:

Type /s/ and your full name

You may check your reporting instructions and deferment request status at any time by logging in to eJuror or by calling 503-326-8111. Deferred jurors will be returned to the Jury Wheel and may be rescheduled for a future date.

Please direct questions to ejury@ord.uscourts.gov or 541-431-4100.