

GARDEN CITY JUSTICE COURT



In accordance with CDC guidelines, each visitor will undergo a health screening which consists of a four-question survey to be answered before being admitted into the courtroom.

Thank you for your cooperation.

PRINT YOUR NAME: _____

1. Have you had any COVID-19 symptoms in the past 14 days?
() YES () NO

2. Have you tested positive for COVID-19 in the past 14 days?
() YES () NO

3. Have you been in close contact with a confirmed or suspected COVID-19 person in the past 14 days? () YES () NO

4. Have you been to/returned from outside of New York State? If so, which state _____ date of return _____. () YES () NO

Temperature: _____

Dated: _____

SIGN HERE: _____