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Participant (attorney, witness, reporter or visitor) COVID-19 Attestation Form

I, _____, warrant and attest that on (Date) _____ 2020:

1. I do not have nor am I exhibiting any of the following signs or symptoms:
 - Abnormal temperature or signs of a fever (temp. at or over 100.4)
 - Cough
 - Shortness of breath
 - Chills
 - Muscle pain
 - Sore throat
 - A new loss of smell or taste
 - Nausea, Vomiting or Diarrhea

2. Within the past 14 days, I have not had "close contact"* with or cared for someone who has been diagnosed with COVID-19. (Close contact means within 6-feet for more than 15 minutes.)
3. Within the past 14 days, I have not been asked to or recommended to self-isolate or quarantine by a health care provider or a public health official.
4. Within the past 14 days, I have not traveled outside the tri-state area of PA, NJ and DE or outside the U.S. (If you have, please list all cities/states/countries in full here where you have been and the dates: _____)
5. I am symptom-free today and that I will adhere to Summit Court Reporting's COVID-19 policies, which, among other things, require me to immediately notify SUMMIT COURT REPORTING, ITS STAFF, AND REPORTER/VIDEO TECH and leave the proceeding today if I begin to experience any of the above symptoms.

| Screening Completed by _____ of what firm : _____ | Body Temp | YES | NO |
|---|-----------|-----|----|
| Temp at or over 100.4? <i>Take temperature using non-contact thermometer.</i> | | | |
| Are any visible signs of shortness of breath present? | | | |
| Are any visible signs of a cough present? | | | |
| Are any visible signs of other respiratory problem present? | | | |

 PARTICIPANT/VISITOR'S signature
(Do not share a pen for signature)

 Email address

 Date

For Summit Court Reporting internal use:

Access to facility (circle one): Approved Denied (you will be denied access if temp. is above 100.4)

Screener Name: _____

Screener Signature: _____

***Please note: If you are experiencing COVID-19 symptoms, or within the past 14 days, have (1) had close contact with or cared for someone with COVID-19, (2) been recommended to self-isolate or quarantine, or (3) traveled outside areas listed above, please do not complete this attestation without also listing the pertinent dates with every and all cities/states/countries you have been. Summit Court Reporting reserves the right to reject entry or ask participant/visitor to leave depending on screening results.**