

COLORADO BAR EXAMINATION COVID-19 HEALTH QUESTIONNAIRE

Every Examinee attending the Colorado Bar Exam is required to complete this COVID-19 Health Questionnaire and **bring it with them to each day of the exam**. Examinees will present this questionnaire during the check-in process on Day 1 and Day 2. If an Examinee anticipates a “Yes” answer prior to Day 1, please contact the Office of Attorney Admissions at 303-928-7770 as soon as possible.

By providing answers to this questionnaire, you confirm that all answers are accurate and allow the Colorado Supreme Court Office of Attorney Admissions to have access to these answers.

Name (Last, First, Middle Initial): _____

NCBE Number: _____

Seat Number: _____

Today's Date: _____

1. In the last 14 days, have you been diagnosed with COVID-19 or received a positive COVID-19 test?
 Yes No

2. In the last 14 days, to the best of your knowledge, have you had close contact with any person who is symptomatic with COVID-19 or has been diagnosed with COVID-19? The CDC defines “close contact” as being less than 6 feet away from infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period; a person is presumed to be infected two days prior to a laboratory confirmation or a clinical diagnosis.
 Yes No

3. In the last 14 days have you had close contact with someone who is experiencing symptoms of respiratory illness (fever, cough, shortness of breath) even without a test or diagnosis of COVID-19?
 Yes No

4. Do you currently have, or have you had in the last 10 days any of the following:

| | | |
|--|------------------------------|-----------------------------|
| Persistent Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of Breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recent Loss of Taste or Smell | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Temperature above 100.4 Degrees | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Muscle Pain, Sore Throat, or Persistent Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. Are you currently or have you been subject to a public health quarantine/isolation recommendation or order in the past 14 days?
 - Under CDC guidelines: People who are unvaccinated or not fully vaccinated and have been in close contact with an infected individual should quarantine and get tested immediately after being identified as a close contact. If the test is negative, they should get tested again 5–7 days after last exposure and continue to quarantine. If symptoms develop during quarantine, they should isolate and get tested immediately.
 - Under CDC guidelines: People who test positive for COVID-19 and have no symptoms must quarantine for 10 days. People who do have symptoms also must quarantine for (at least) 10 days from the onset of symptoms as long as they have improved, and no fever is present for at least 24 hours without use of fever-reducing medications. Individuals may have to quarantine longer based on their circumstances, such as a longer period of non-abating symptoms. Yes No