



U.S. Bankruptcy Court Entry Questionnaire

All information provided in response to these questions will be kept confidential. If you answer “Yes” to any question, you must leave the Bankruptcy Court pursuant to this Court’s Order Regarding Courthouse Visitation & Access Restrictions.

If you have answered “No” to all of these questions, scan the QR code on the reverse side of the questionnaire into the entry device and you will then be prompted to take a thermal body temperature scan.

1. Have you experienced any of the following symptoms within the past 14 days that are not explained by allergies or an underlying condition?
 - Fever (100.4 degrees or higher, without the use of fever-reducing medications) or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Nausea or vomiting
 - Congestion or runny nose
 - Muscle or body aches
 - Headache
 - Sore throat
 - New loss of taste or smell
 - Diarrhea
2. Have you had close contact within the past 14 days with anyone experiencing any of the following symptoms that are not explained by allergies or an underlying condition? *Note: close contact is defined as being less than 6 feet apart from the symptomatic individual for more than 15 minutes.*
 - Fever (100.4 degrees or higher, without the use of fever-reducing medications) or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Nausea or vomiting
 - Congestion or runny nose
 - Muscle or body aches
 - Headache
 - Sore throat
 - New loss of taste or smell
 - Diarrhea
3. Within the past 14 days, have you tested positive for COVID-19, or been told by a health care provider to assume you have COVID-19 due to symptoms?
4. Within the past 14 days, have you had close contact with a person with COVID-19 (includes laboratory-confirmed disease or a diagnosis based on symptoms), during the period starting 48 hours before the onset of their symptoms or their positive COVID-19 test? *Note: close contact is defined as being less than 6 feet apart from the COVID-positive individual for more than 15 minutes*
5. Have you returned from international travel, or a cruise ship or river voyage within the past 14 days?
6. Within the past 14 days, have you returned from travel to a state that has a significant degree of community-wide spread of COVID-19? (Please refer to the [Rhode Island Department of Health’s website for information on the list of states](#) that currently meet the criteria for required quarantine.

(See reverse side)

If you are coming to [Rhode Island from one of the states listed on the Rhode Island Department of Health's website](#), you are required to self-quarantine for 14 days while in Rhode Island. As an exception, you may provide proof of a negative test for COVID-19 that was taken within 72 hours prior to arrival in Rhode Island.

If you receive a test during your quarantine in Rhode Island and get a negative test result, you can stop quarantining. However, you still need to self-monitor for symptoms of COVID-19 for 14 days, wear a mask in public, and follow physical distancing guidelines. You also must quarantine while waiting for a negative test result.

Thank you for completing this questionnaire. Please scan the below code and continue as prompted for a thermal temperature reading. If your temperature is within acceptable limits, please proceed through building security.

Scan QR Code to get started



<https://app.certify.me/RIBvisitor>

Be safe, wear your mask, stay 6ft apart and wash your hands.