**DIA Pre-Entry Screening Questions:**

You will be visiting our office to attend a hearing. The DIA is taking additional steps to ensure the health and safety of our visitors and staff. Please take a moment to complete this form and return it **24 hours** **in advance** of your scheduled Hearing. For Boston Hearings, please return the form to Marie Askew-Lee. For Hearings in the regional offices, please return the form to the Regional Manager listed below.[[1]](#footnote-1)

**Name of Entrant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIA Board No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Hearing:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you answer “Yes” to any of the questions below, you should not come to our office. Please contact our office and your attorney so that other arrangements can be made.** [*https://www.mass.gov/info-details/safety-standards-and-checklist-sectors-not-otherwise-addressed*](https://www.mass.gov/info-details/safety-standards-and-checklist-sectors-not-otherwise-addressed)*)*

1. Are you experiencing any of the symptoms below? Yes / No \_\_\_\_\_(initial)

*Fever (100.0 and above) or chills, cough, shortness of breath, sore throat, fatigue, headache, muscle/body aches, runny nose/congestion, new loss of taste or smell, or nausea, vomiting or diarrhea.*

1. Within the last 14 days, have you come in close contact with someone who has been diagnosed with COVID-19? Yes / No \_\_\_\_\_ (initial)

*“Close contact” means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for 15 minutes or more, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic.*

1. In the past 14 days have you traveled out of Massachusetts and failed to comply with all State-issued rules concerning out of state Travel? Yes / No \_\_\_\_\_ (initial)

*COVID Order 45:* [*https://www.mass.gov/doc/july-24-2020-travel-order-pdf/download*](https://www.mass.gov/doc/july-24-2020-travel-order-pdf/download)

1. Have you been directed by a health care provider or by a local public health official to currently be in quarantine or self-isolation? Yes / No \_\_\_\_\_\_\_(initial)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party Completing Form

1. *Boston:* [marie.askew-lee@mass.gov](mailto:marie.askew-lee@mass.gov) *Fall River:* [shamia.monroe@mass.gov](mailto:shamia.monroe@mass.gov) *Lawrence:* [peter.vitale2@mass.gov](mailto:peter.vitale2@mass.gov) *Springfield*: [maryann.brunton2@mass.gov](mailto:maryann.brunton2@mass.gov) *Worcester:* [vincent.lopes@mass.gov](mailto:vincent.lopes@mass.gov) [↑](#footnote-ref-1)