



Administrative Hearings Office Mandatory In-Person Hearing Screening Form

Pursuant to relevant standing order governing in-person hearings, you must complete and submit this form before entering the hearing facility to attend a hearing or to conduct other business.

Your Name: _____ Primary phone #: _____

Date of Entry/Hearing Time: _____ Location: _____

“Up to Date on COVID-19 Vaccinations”: When an individual has received all recommended vaccine doses for which they are eligible. Currently an individual is Up to Date on COVID-19 Vaccinations if they are Eligible for a Booster and have received a Booster Dose or if they are not yet Eligible for a Booster but are Fully Vaccinated. An individual is not Up to Date on COVID-19 Vaccinations if they are not Fully Vaccinated, are Partially Vaccinated, or if they are Eligible for a Booster but have not received a Booster Dose.

1. Have you been asked or directed by the New Mexico Department of Health (DOH) or any medical professional to isolate or quarantine related to COVID-19 and are you still within the isolation/quarantine period?
 Yes - *You are not permitted to enter the building*
 No
2. Within the past 5 days, have you been diagnosed with COVID-19 by a doctor or other medical professional?
 Yes - *You are not permitted to enter the building*
 No
3. Within the past 5 days, have you had a positive test result for COVID-19 from a home test or any test administered by a medical professional such as doctor, testing clinic, or DOH testing center?
 Yes - *You are not permitted to enter the building*
 No
4. In the past 10 days, have you been in contact with anyone who you know has COVID-19, or with someone who is required to isolate/quarantine because of COVID-19?
 Yes – If you ARE NOT up to Date on COVID-19 Vaccinations, *you are not permitted to enter the building.*
 Yes – If you ARE up to Date on COVID-19 Vaccinations and have no other disqualifying answers, *you may enter the building.*
 No
5. Within the past 10-days, have you experienced or developed any Covid-19 related symptoms including: fever at or above 100.4 degrees, chills, sore throat, body aches, congestion or runny nose, nausea or vomiting, diarrhea, headaches, new shortness of breath, difficulty breathing, dry cough, or a loss of taste or smell?
 Yes - *You are not permitted to enter the building*
 No
6. Do you agree to notify the Administrative Hearings Office if you test positive for COVID-19 (including tests taken before you appeared but for which you did not learn of the results until after the hearing), diagnosed with COVID-19, or otherwise ordered to quarantine or isolate for any reason related to COVID-19 within 10-days after entering the hearing facility?
 Yes
 No - *You are not permitted to enter the building*