

**July 2020 Wisconsin Bar Examination**  
**Health Screening Certification**  
**Relating to Coronavirus/COVID-19**

1. I have not tested positive for COVID-19 or, if I have tested positive for COVID-19, I have received medical clearance that I no longer need to be in isolation.
2. I have not been in close contact with someone currently diagnosed with COVID-19 within the last 14 days.
3. I have not had a fever of (100.4° or higher), cough, or shortness of breath or difficulty breathing, chills, muscle pain, sore throat, and/or loss of sense of taste or smell within the past 14 days.
4. No member of my household has tested positive for COVID-19 or experienced symptoms related to COVID-19, including fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, and/or loss of sense of taste or smell within the past 14 days.
5. I have not traveled to or from any area outside of the United States with active spread of COVID-19 within the past 14 days.
6. I agree to wear a mask at all times during the examination and while on-site at the testing facility.
7. I agree that if at any time during the examination I experience any symptoms noted above that I will excuse myself from the testing site and will not return.

I, \_\_\_\_\_, declare that this information is true and correct. I understand that providing false information may, and likely will, constitute a character and fitness issued to be considered by the Wisconsin Board of Bar Examiners.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**[Note:** This document may be updated if there are changes in guidelines between now and the date of the exam.]