



**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
219 SOUTH DEARBORN STREET  
CHICAGO, ILLINOIS 60604**

**THOMAS G. BRUTON  
CLERK**

312-435-6860

**PLEASE PRINT CLEARLY**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please initial each line:

\_\_\_\_\_ I consent to participate in the saliva-based SHIELD Illinois Covid-19 test administered by the United States District Court for the Northern District.

\_\_\_\_\_ I give permission to SHIELD Illinois to share my test results with the United States District Court. Access to your test results will be restricted to the Clerk of Court and to the supervisors in the jury department.

\_\_\_\_\_ If I test positive for Covid-19, I understand that my test results must be shared by SHIELD Illinois with the Illinois Department of Public Health. I further understand that if I test positive, and I am empaneled on a jury or a case participant on a trial, my Covid-19 positive test results will be shared with the judge who is presiding over the trial.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_