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Office of  
**Shelley Essl**  
**CLERK OF THE DISTRICT COURT**  
ex officio, AUDITOR, RECORDER  
ELMORE COUNTY COURTHOUSE  
150 South 4<sup>th</sup> East Suite #3  
State of Idaho  
Mountain Home 83647-3097

Glenns Ferry – Deputy  
Phone: (208) 366-2136

## COVID-19 Daily Questionnaire

Name: \_\_\_\_\_ Juror Number: \_\_\_\_\_

1. Are you currently experiencing, any of the following symptoms?  YES  NO  
Please check the appropriate boxes.

- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Conjunctivitis (pink eye)
- Nausea or vomiting
- Diarrhea

2. Do you feel feverish or have a temperature above 100° F?  YES  NO

Since you were last here:

3. Has anyone in your household tested positive for SARS-CoV-2 or COVID-19 or experienced any of the symptoms listed above?  YES  NO
4. Have you been in close contact with anyone other than a household member who has tested positive for SARS-CoV-2 or COVID-19?  YES  NO
5. Have you tested positive for SARS-CoV-2 or COVID-19 or been told by your health care provider that you might have COVID-19?  YES  NO
6. Have you been notified by your public health district that you were in close contact with someone who tested positive for SARS-CoV-2 or COVID-19?  YES  NO
7. Have you been tested for SARS-CoV-2 or COVID-19 and are waiting to receive test results?  YES  NO

*Pursuant to I.C. § 9-140, I certify or declare under penalty of perjury pursuant to the law of the State of Idaho that the responses are true and correct to the best of my knowledge. I acknowledge that a willful misrepresentation is punishable as a misdemeanor pursuant to I.C. § 2-208(6).*

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_