Phone: (208) 587-2130 Ext. 500
Auditor/Recorder
Clerk of the District Court
Phone: (208) 587-2133 Ext. 508

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

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

COVID-19 Questionnaire

Name: _____ Juror Number: _____

1. **Are you 65 years of age or older? □ YES □ NO**
2. **Do you have any medical conditions that put you at high risk for COVID-19? □ YES □ NO**
3. **Are you a healthcare worker directly involved with patients who have or are suspected of having COVID-19? □ YES □ NO**
4. **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**
5. **Do you feel feverish or have a temperature above 100° F? □ YES □ NO**
6. **In the past 14 days, has anyone in your household tested positive for SARS-CoV-2 or COVID-19? □ YES □ NO**
7. **In the past 14 days, have you been in close contact with anyone else who has tested positive for COVID-19? □ YES □ NO**
8. **In the past 14 days, have you tested positive for SARS-CoV2 or COVID-19 or been told by your health care provider that you might have COVID-19? □ YES □ NO**
9. **In the past 14 days, have you been notified by your public health district that you were or might have been in close contact with someone who tested positive for COVID-19? □ YES □ NO**
10. **Have you been tested for 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:_____