

## COVID-19 ACTIVE SCREENING QUESTIONNAIRE

*This will be updated as the CDS and the State of Hawaii Department of Health's information on COVID-19 continues to change.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle (Year, Make, Model): \_\_\_\_\_

Your health and well-being are of the utmost importance and we are taking measures to keep the facility/office a safe environment for our employees, customers, vendors, and the general public. Therefore, anyone coming into the facility/office will be required to wear a mask, practice social distancing (keep 6' apart) and will be screened. Part of our screening process will include taking their temperature and asking the following questions:

1. Within the last 14-days, have you experienced a new cough that you cannot attribute to another health conditions?  
YES  
NO
2. Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition?  
YES  
NO
3. Within the last 14-days, have you experienced new sore throat that you cannot attribute to another health condition?  
YES  
NO
4. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition?  
YES  
NO
5. Within the last 14-days, have you had a temperature at or above 100.4 degrees or the sense of having a fever?  
YES  
NO
6. Within the last 14-days, have you had \*close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19? (Note: \*Close contact is defined as within 6 feet for more than 10 consecutive minutes.)  
YES  
NO

If the individual answers YES to any of the above questions, they will not be allowed into the facility/office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_