

**HCJDC IN-OFFICE COVID-19 QUESTIONNAIRE FORM**

Date Called: \_\_\_\_\_ Staff: \_\_\_\_\_

Visitor \_\_\_\_\_  
Vendor \_\_\_\_\_  
Fingerprint Appointment Agency \_\_\_\_\_

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

Address: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_

In-Office Date: \_\_\_\_\_ In-Office Time: \_\_\_\_\_

- 1:  **Fully vaccinated.** Completed 2 weeks after 2<sup>nd</sup> dose, Pfizer or Moderna, or single dose of Johnson & Johnson of COVID-19 vaccine has been administered.  
 Pfizer  Moderna  Johnson & Johnson. Date of 1<sup>st</sup> dose \_\_\_\_\_ Date of 2<sup>nd</sup> dose \_\_\_\_\_
- Not fully vaccinated.** Received 1<sup>st</sup> dose of Pfizer or Moderna and 2<sup>nd</sup> appointment has been scheduled **OR** received single dose of Johnson & Johnson less than two weeks ago.
- Not vaccinated.** Provides proof of **NEGATIVE** COVID-19 test result within 72 hours of scheduled date.  
Date Tested \_\_\_\_\_.

Verified by Staff \_\_\_\_\_  
Staff Initial \_\_\_\_\_

2. Have you travelled outside of Hawaii within the past 10 days?  
 YES Where? \_\_\_\_\_ Return date? \_\_\_\_\_  
 NO

3. Have you experienced any COVID-19 symptoms or had been ill within the past 10 days?  
CDC Symptoms:  
-Cough -Shortness of breath  
Or at least 2 of these symptoms  
-Fever -Chills -Repeated shaking with chills -Muscle Pain  
-Headache -Sore Throat -New loss of taste and/or smell
- YES. Symptoms \_\_\_\_\_  
 NO

4. Have you lived or been in close contact with someone that has been diagnosed with COVID-19 within the past 10-days?  
 YES. When was the last known date of contact? \_\_\_\_\_  
 NO

5. Do you agree to take temperature at the time of appointment?  
 YES  
 NO\*

Temperature taken at the time of Appointment: \_\_\_\_\_degrees\*  
\*Temperature above 100.4 degrees will need to be rescheduled.

6. Do you agree to wear your mask during the appointment?  
 YES  
 NO\*                      \*Answering "NO" to #5 & #6 will require rescheduling to adhere of office policy.

I, \_\_\_\_\_, attest that the information provided in this form is accurate and true to  
Print first and last name

the best of my knowledge. I understand that knowingly making a false statement on this form is a crime and can be punished by fine or imprisonment or both (HRS § 710-1063).

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

HCJDC Staff: \_\_\_\_\_ Date: \_\_\_\_\_