

COVID-19 HEALTH ASSESSMENT QUESTIONNAIRE

The following questionnaire was provided by the Hawaiian construction industry and is also [accessible here](#) with its complementary background information.

To be administered daily before allowed entry to site. Please use your own pen to complete the questionnaire.

_____ (Company) is committed to maintaining a safe workplace for everyone. In light of the recent Coronavirus (COVID-19) developments, effective immediately, access to the worksite is limited. Only individuals who complete and pass active screening requirements are permitted access.

PROCEED HOME IF YOU:

- Are experiencing problems breathing, have a cough or fever.
- Develop these symptoms while on site. REPORT THIS TO YOUR SUPERVISOR IMMEDIATELY.
- Answer 'Yes' to any of the questions below.

If you are experiencing symptoms (cough, fever, or shortness of breath), you must be isolated for 14 days after the onset of symptoms. After 14 days, it is only safe to leave isolation if your symptoms are improving and you don't have a fever for 72 hours immediately prior to the end of your isolation. Isolation may be longer for individuals who have more severe illness.

1. Are you currently experiencing a fever (100.4 F or 38.0 C or above) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing?

Yes__ No__ Comment_____

2. Have you had a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing in the past 14 days?

Yes__ No__ Comment_____

3. Have you, or anyone in your family, come into close contact (within 6 feet for longer than 10 minutes) with someone who has a suspected or confirmed COVID – 19 diagnosis in the past 14 days either at home or on a jobsite, etc.?

Yes__ No__ Comment_____

4. Have you traveled outside of Hawaii in the past 14 days?

Yes__ No__ Comment_____

Privacy Notice: Any information provided in this questionnaire will be kept confidential and used for purposes of preventing the spread of COVID-19.

Print Name: _____ Signature: _____

Employer: _____

Date: _____