

PBS Hawai'i COVID-19 Assessment Questionnaire

The safety and health of our employees and visitors is our overriding priority. As the COVID-19 pandemic continues, we are following the guidance from the Centers for Disease Control & Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking visitors to complete this questionnaire.

Please respond to each of the following questions truthfully and to the best of your ability.

Name:
Phone Number (mobile/home):

1	<p>Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (<i>Please take your temperature before you answer this question.</i>)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Fever (100.4° F/37.8° C or greater as measured by a thermometer)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Cough</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Shortness of breath or difficulty breathing</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sore throat</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> New loss of taste or smell</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Chills</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Headache or muscle aches</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Nausea, diarrhea, vomiting</p>
2	<p>In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3	<p>In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
4	<p>Have you been tested for COVID-19 and are waiting to receive test results?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

5	<p>Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
6	<p>In the past 14 days, have you traveled outside of the United States?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
7	<p>In the past 14 days, have you been in close proximity to anyone who has traveled outside of the United States?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Certification

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: _____

Date: _____

For PBS Hawaii:

Access to worksite (circle one): Approved Denied

 PBS Hawaii Employee