

# COVID-19 SCREENING FOR TAX-AIDE HAWAII

*To be completed the day of your scheduled appointment*

To minimize the risk of transmitting the COVID-19 virus, please provide the following information, which will be used to determine if we can provide you with services today.

	Yes	No
<b>In the past 48 hours, have you experienced any of the following symptoms:</b> <ul style="list-style-type: none"><li>• Fever or chills</li><li>• Dry cough</li><li>• Shortness of breath or difficulty breathing</li><li>• Fatigue</li><li>• Muscle or body aches</li><li>• Headache</li><li>• New loss of taste or smell</li><li>• Sore throat</li><li>• Congestion or runny nose</li><li>• Nausea or vomiting</li><li>• Diarrhea</li></ul>		
<b>Do you have an above normal temperature?</b> We may be required to confirm this by taking your temperature on-site.		
<b>Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?</b>		
<b>Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?</b>		
<b>Are you or any member of your family currently waiting on the results of a COVID-19 test?</b>		
<b>Are you or any member of your household currently required to quarantine due to recent travel, a positive test for COVID-19 or any other reason?</b>		

If you answered YES to any of the questions above, we will need to reschedule your appointment to a later date.

**By signing this document, I acknowledge that the answers I have provided above are true and accurate**

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Printed name and signature Date