

City and County of Honolulu
Health Screening Questionnaire for Road Tests for Instructional Permittees

In an effort to reduce the risk of COVID-19 exposure to our employees and Instructional Permittees, you must complete the following screening questions before being allowed to proceed with the road test:

Date: _____

Full Name: _____ Contact Phone Number: _____

Purpose of visit to this office/facility: _____

In the past fourteen (14) days, have you or a member of your immediate household:

Self-Declaration by Instructional Permittee		
	YES	NO
Have you traveled internationally or domestically?		
Have you come into close personal/physical contact with anyone who has traveled internationally or domestically within the past 14 days?		
Have you had close personal/physical contact with or cared for someone diagnosed with or tested positive for COVID-19?		
Have you come into close personal/physical contact with anyone with a confirmed COVID-19 infection?		
Have you felt ill and experienced any cold or flu-like symptoms (fever, cough, and shortness of breath or other respiratory problem, loss of sense of taste or smell)?		
Have you been asked to self-quarantine by any doctor/health care provider, hospital, or health agency because of COVID-19?		

If you pass the health screening questionnaire (answering “no” to all of the questions), the road test will proceed. If you do not pass the health screening (answering “yes” to any of the questions), the road test will be rescheduled to another day that is at least fourteen (14) days later. The health screening questionnaire must be signed by the IP and retained by the DL Office.

If you have a medical condition or disability that may cause coughs, difficulty breathing, or other symptoms that appear similar to but are unrelated to COVID-19, please let us know. Your road test may have to be rescheduled to a later date.

The City and County of Honolulu, Department of Customer Services will maintain the confidentiality of this record in accordance with applicable laws and to the extent practicable under the circumstances. However, the information collected on this form may be disclosed to the appropriate governmental agency pursuant to any reporting obligations and requirements under state or federal law. By signing below, you acknowledge this questionnaire was completed truthfully and to the best of your knowledge.

Instructional Permittee’s Signature: _____ Date: _____

For internal use:

Proceed with Road Test? Yes _____ No _____, if not rescheduled to (date) _____

Printed Name of Staff Person: _____ Signature of Staff Person: _____ Date: _____