



TRAVELER HEALTH FORM INSTRUCTIONS

Please provide honest and complete answers.

We ask for your help in providing honest and complete answers. It will help ensure timely follow up and contact tracing as well as identify travelers who may benefit from testing and health information. **The health information must be filled in ahead of flight time, but no more than 24 hours in advance.** The more current the information, the more useful it is.

It only takes 2-5 minutes to complete the form.

This fillable PDF form should take no more than two to five minutes to complete if you have your travel information readily available. Complete the form, print it and bring it with you to present to the screener prior to boarding.

Avoid delays at the airport.

To save time and minimize delays, we recommend completing the form before arriving at the airport. Printed forms are available at the airport if you are not able to fill out the form and print it prior to arrival at the airport. However, you must arrive earlier to allow time for this procedure.

Mahalo for helping to keep Hawai'i healthy!



**MANDATORY STATE OF HAWAI'I TRAVELER HEALTH FORM
FOR ALL PASSENGERS AND CREW MEMBERS**

The State of Hawai'i actively screens and monitors travelers for public health and safety.
It is required that all travelers provide the information below.
Hawai'i Revised Statutes Section 127A-12 and 127A-13

(For children 17 years and younger traveling with a parent/guardian please fill out first name, last name, birthdate, and Health History Parts 1 and 2 only, and sign on behalf of the child.)

TRAVELER INFORMATION:

First Name Middle Initial(s)

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Last Name

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Home Address Number and Street

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City State Zip Code - OR Country:

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Contact Telephone in Hawai'i - Primary Contact Telephone in Hawai'i - Secondary Country of Citizenship:

() - () - _____

Email Address: _____ Gender (optional) Male Female Non-Binary

Birthdate (MM/DD/YYYY) / / Race (optional):

What industry do you work in? (e.g., health, construction, retail) _____

What is your occupation? _____

American Indian/Alaska Native Other Pacific Islander

Asian White

Black/African-American Other

Native Hawaiian

Have you signed a 14-day quarantine order that is currently in effect? Yes No

FLIGHT INFORMATION:

Departure: Airline Flight No. Travel Date (MM/DD/YY)

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Return: Airline Flight No. Travel Date (MM/DD/YY)

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Destination Address or Hotel Name

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City State Zip Code -

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TRAVEL INFORMATION:

Have you traveled outside the State of Hawai'i in the last 14 days? Yes No

Where? When?

Country or State: _____ From (MM/DD/YY) / / To (MM/DD/YY) / /

Country or State: _____ From (MM/DD/YY) / / To (MM/DD/YY) / /

Country or State: _____ From (MM/DD/YY) / / To (MM/DD/YY) / /

HEALTH HISTORY (PART 1)

Do you feel ill now? Yes No (Skip to Health History Part 2)

Are you feeling any of these symptoms now?

	Yes	No		Yes	No
Fever	<input type="radio"/>	<input type="radio"/>	Vomiting	<input type="radio"/>	<input type="radio"/>
Chills	<input type="radio"/>	<input type="radio"/>	Diarrhea	<input type="radio"/>	<input type="radio"/>
New cough	<input type="radio"/>	<input type="radio"/>	Skin rash	<input type="radio"/>	<input type="radio"/>
Sore throat	<input type="radio"/>	<input type="radio"/>	Loss of taste or smell	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	Tiredness/fatigue	<input type="radio"/>	<input type="radio"/>
Runny or stuffy nose	<input type="radio"/>	<input type="radio"/>	Muscle ache	<input type="radio"/>	<input type="radio"/>
Shortness of breath	<input type="radio"/>	<input type="radio"/>	Chest pain or pressure	<input type="radio"/>	<input type="radio"/>

Have you taken medicine to bring down fever? (e.g., Tylenol or ibuprofen)

Yes No

HEALTH HISTORY (PART 2)

Were you ever in contact with a person confirmed to have COVID-19?

Yes No

When? (MM / YY)

/

Have you ever been tested for COVID-19?

Yes No

When? (MM / YY)

/

Have you had a flu vaccine in the last year?

Yes No

Date of vaccination? (MM / YY)

/

In what country?

ATTESTATION:

I declare under penalty of law that all the information provided herein is true and correct to the best of my knowledge and belief.

(Signature)

(Date)

(Print Name)

On behalf of a minor, 17 years or younger.