Fingerprint Service Illness Questionnaire

Please complete all fields, sign and date

Indicate your choice below, by circling Yes or No

1. Y / N Do you have a fever, or have you had one in the past two weeks?

2. Y / N Do you have a cough, any loss of taste or smell, or have you experienced coughing in the past two weeks?

3. Y / N Have you or anyone in your family that you’ve been in contact with, or that you live with, currently have any of the above mentioned health issues/symptoms?

4. Y / N Has anyone that you associate with (friends, relatives, co-workers, etc.), or anyone that you’ve been in contact with, experienced any of the above mentioned health issues within the past two to three weeks?

5. Y / N Have you, or anyone that you are close to you and have been in been in contact with, been out of the state, country, or been on a cruise in the past 14 to 21 days?

6. Y / N Have you had contact with, or been close to anyone in the past 14 days, that is being monitored for, or was sick with the COVID-19 Coronavirus, Flu, or Pneumonia?

If you answered YES to any questions above, please explain in detail below.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Printed Name: _________________________________

Signature: ____________________________________

Signed under the Pains and Penalties of Perjury

Date: _________________

____________________________________________________________________________

Police Use Only Below This Line

CAD# _____________________________     Officer I.D. ______________