COVID-19 Client/Caregiver Return to Maui Adult Day Care Centers Questionnaire
(This form to be completed daily)

Today's Date: ____________________ Your Temperature Upon Arrival: __________

1. Have you been tested for COVID-19 in last 14 days? Date: __________ Yes ___ No ___
2. Have you received a previous positive result? Yes _____ No ____
   a. If your answer is “Yes,” please provide clearance/note from your health care provider
3. Within the last 14 days, have you had “close contact” (within 6 feet or less) of an individual
   who has tested positive for COVID-19 or has symptoms that could be associated to Covid-19? Yes _____ No ____
4. Have you recently experienced any of the following symptoms? (Please check all applicable) Yes _____ No ____
   ____ Cough/Shortness of breath, difficulty breathing, chest tightness
   ____ Fever/Chills  ____ Sore throat  ____ Muscle pain or body aches
   ____ New loss of sense of smell or taste  ____ Nausea, diarrhea, or other gastrointestinal distress
5. If you have experienced one or more of the above symptoms, when was the last date you experienced
   such symptoms? Date: __________________
6. Have you, or a member of your household, friend, visiting neighbor returned from domestic
   or foreign travel within the past 21 days? Yes ____ No _____
7. Mandatory Face Coverings are required to wear the entire day to attend Maui Adult Day Care
   Centers. Is Client able to wear a client provided face covering? Yes ____ No ____
8. Activity Items are limited and can’t be shared. MADCC will provide markers, colored
   pencils, crayons for each client. Are you able to provide add’l activity items for your enjoyment
   at day care? Items are to be stores in clear plastic Ziploc bags & labelled with client’s name. Yes _____ No _____

Print name of Person Completing Form: ____________________________________________
Signature: ___________________________ Phone: __________ Contact E-mail Address: __________

MADCC Client Name: _______________________________ Center: Kihei Kahului OV Lahaina Hana
   (Please Circle)
Contact E-mail Address: _________________________________

MADCC Screener’s Name: ___________________________________
   (Maui Adult Day Care Centers’ Employee Name)