



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

**Return to Work for persons fully vaccinated with COVID-19 vaccine
after CLOSE CONTACT with a person known to have COVID-19**

Patient Name: _____ Patient Birth Date: ____/____/____

Fully vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine* if they meet both of the following criteria:

- Are fully vaccinated with a COVID-19 vaccine authorized for emergency use in the United States by the Food and Drug Administration (FDA) according to a schedule recommended by the Advisory Committee on Immunization Practices (ACIP) **and are at least 14 days beyond completion of the vaccine series as of their earliest date of exposure; AND**
- Have had no symptoms since their COVID-19 exposure

Fully vaccinated means:

- a) Pfizer vaccine: 2 doses, 3 weeks apart; **OR**
- b) Moderna vaccine: 2 doses, 4 weeks apart; **OR**
- c) Janssen vaccine: 1 dose

***EXCEPTION: Vaccinated persons in healthcare settings and other congregate settings should continue to quarantine for 14 days.**

Vaccination:

Vaccine Product	Vaccination Date
1) _____	____/____/____
2) _____	____/____/____

The patient may return to work on this date: ____/____/____

Note: If the patient develops any symptoms, he/she should be excluded from work until evaluated and tested for COVID-19 if indicated.

Clinician Name: _____ Title: _____

Clinician Signature: _____ Date: ____/____/____

Clinician Phone Number: (____) ____-____ Clinician Fax Number: (____) ____-____