



**STATE OF HAWAII**  
**DEPARTMENT OF DEFENSE**  
**OFFICE OF THE DIRECTOR OF EMERGENCY MANAGEMENT**  
3949 DIAMOND HEAD ROAD  
HONOLULU, HAWAII 96816-4495

## **ORDER FOR SELF-QUARANTINE**

On March 4, 2020, the Governor of the State of Hawai'i proclaimed a state of emergency in response to the COVID-19 pandemic, and on March 13, 2020, the President of the United States of America declared a national emergency.

As part of the effort to contain the spread of COVID-19, on March 31, 2020, the Governor ordered all persons traveling to the State of Hawai'i to self-quarantine and has adopted Rules Relating to COVID-19 Health Screening Process and Travel Self-Quarantine.

Pursuant to the Governor's proclamation and the Rules Relating to COVID-19 Health Screening Process and Travel Self-Quarantine, the Director of the Hawai'i Emergency Management Agency (HIEMA) hereby orders you to comply with the following:

1. Truthfully, accurately and fully complete, authenticate and sign the Mandatory State of Hawaii Travel and Health Form, including the "Destination Location" section of the form. The address you designate to the Director of Emergency Management as your "Destination Location" on the Mandatory State of Hawaii Travel and Health Form, will be recognized as your designated quarantine location.
2. Proceed directly from the airport to your designated quarantine location, which is the location identified and affirmed by you in the "Destination Location" section of the Mandatory State of Hawaii Travel and Health form.
  - a. If you are a resident, your designated quarantine location is your residence.
  - b. If you are a visitor, your designated quarantine location is your hotel room or the residence of a family member or friend.
3. Remain in your designated quarantine location for a period of 10 days or the duration of your stay in the State of Hawai'i, whichever is shorter.
  - a. You may leave your designated quarantine location only for medical emergencies or to seek medical care.
  - b. If you are granted an exemption, you must comply with the terms and conditions of your exemption.
  - c. If you are exempted because you are a CISA employee, you must remain in your designated quarantine location unless performing your CISA work and you must comply with the terms and conditions of your exemption.
  - d. Only persons who have been granted an exemption through [covidexemption@hawaii.gov](mailto:covidexemption@hawaii.gov) may temporarily break self-quarantine and only for the purposes provided for in the written exemption.

e. If you are exempted because you are part of the United States government, you must comply with the terms and conditions of the United States government.

4. Do not allow visitors in or out of your designated quarantine location other than a physician, healthcare provider, or individual authorized to enter the designated quarantine location by the Director of HIEMA.

5. Comply with any and all rules or protocols related to your quarantine as set forth by your hotel or rented lodging.

**The intentional, knowing or reckless failure to follow any part of this order constitutes a criminal offense punishable by a fine of not more than \$5,000, or imprisonment of not more than one year, or both.**

**You will be subject to random quarantine compliance checks throughout your period of self-quarantine. Quarantine compliance checks may be conducted without further notice, either by telephone at the number(s) you provided in the "Contact Telephone in Hawai'i" section of the Mandatory State of Hawaii Travel and Health Form, and/or in person at the address you provided in the Destination Location section of the Mandatory State of Hawaii Travel and Health Form, or both.**

I, declare under penalty of law that I have received, read and understood the above Order for Self-Quarantine, including the orders contained in numbered paragraphs 1 through 5 above, and that all information provided herein and on the Mandatory State of Hawaii Travel and Health Form is true and accurate, including but not limited to the information I provided pursuant to paragraph 1, including my designated quarantine location and telephone number.

\_\_\_\_\_  
Traveler's Name

\_\_\_\_\_  
Traveler's Signature

Date: \_\_\_\_\_