



POLICE DEPARTMENT

Place Copy of ID Here

Incident # _____

Date _____

Time _____

Last Name _____ First Name _____

Middle Name _____ Date of Birth _____

Social Security # _____ Driver Lic # _____ State _____

Current Address _____

City, State Zip _____

Phone # _____ Alternate Phone # _____

Agency/Firm Requesting Fingerprints _____

Signature _____

Valid State Issued ID or Passport Required.

Fee is \$10.00 for 1 or 2 cards. Payable by cash or check.



POLICE DEPARTMENT

Fingerprinting COVID-19 Pre-Screening

(Fingerprinting will only be conducted by appointment on Tuesday, Wednesday, & Thursdays from 9am-4pm)

Name _____ DOB _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Incident# _____

Travel History

1. In the past 14 days, have you traveled outside the United States? Yes No
When _____ Where _____
2. Does applicant report a history of traveling to or from Europe or Asia Yes No
3. In the past 14 days, have you traveled to any of the following states
(Connecticut, New Jersey, New York, Washington, California, Louisiana)? Yes No
When _____ Where _____

Contact History

4. In the past 14 days, have you had close contact with anyone known to have traveled to a known COVID-19 area in Europe or Asia? Yes No
5. In the past 14 days, have you had close contact with anyone known to have traveled to a known COVID-19 area in the United States? Yes No
6. Have you or anyone you've been in contact with had a laboratory confirmed COVID-19 test? (The incubation period is 2-14 days) Yes No
7. Do you currently have a fever, cough, shortness of breath, or other symptoms of lower respiratory illness? Yes No

Additional Information (Forehead Temperature):

*If you currently have symptoms (fever, cough, shortness of breath, or difficulty breathing) you will not be approved to receive fingerprinting services from the Yukon PD.

*In order to receive fingerprinting services, you will be required to wear a face covering as approved by the CDC before entering the police department and during the finger printing process. You will also be required to wash your hands with soap and water prior and after fingerprinting.

Requester Name and Signature _____ Date & Time _____

Reviewer Name and ID # _____ Date & Time _____