



# West Licking Joint Fire District

## COVID-19 – QUESTIONNAIRE FOR EMPLOYEES/VENDORS

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### SELF-DECLARATION - Please answer Yes/No

Q1 - In the past 14 days, have you, or anyone you live with, visited any of the countries/areas on the CDC risk assessment list? ([www.cdc.gov/coronavirus/2019-ncov/travelers/index.html](http://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html))

*The current list includes: China (including Hong Kong), Iran, South Korea, Europe (Schengen Area): Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City, United Kingdom and Ireland: England, Scotland, Wales, Northern Ireland, Republic of Ireland*

Q2 - In the past 14 days, have you, or anyone you live with, had close contact with someone who has visited any of the countries/areas on the CDC risk assessment list? ([www.cdc.gov/coronavirus/2019-ncov/travelers/index.html](http://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html))

*The current list includes: China (including Hong Kong), Iran, South Korea, Europe (Schengen Area): Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City, United Kingdom and Ireland: England, Scotland, Wales, Northern Ireland, Republic of Ireland*

Q3 - In the past 14 days, have you, or anyone you live with, had close contact with someone having a suspected or confirmed case of COVID-19?

Q4 - Are you or anyone in your household showing any flu-like symptoms in the past 72 hours? (Fever, coughing, shortness of breath, sore throat)

- **EMPLOYEES-** If you respond "yes," to any of the questions above, you must contact the Infection Control Officer at (740) 919-6179 to discuss the specifics of your responses to determine your level of risk and/or exposure. If you are unable to contact the Infection Control Officer, your Battalion Chief will contact Administration.
- **VENDORS-** If you respond "yes" to any of the questions above, you will be denied entry to any West Licking Fire District Station..

We ask for your full support with this updated guidance. We all have a shared responsibility to minimize the risk of exposure and protect our individual and collective health.

*Self-declaration records will be used and disclosed for the purpose of managing site access during the risk period and as required by law.*

Please let us know if you have any questions or concerns and thank you for your cooperation.