

Date form started \_\_\_ / \_\_\_ / \_\_\_  
Fire Name: \_\_\_\_\_

Person responsible for form: \_\_\_\_\_  
Incident Management Team: \_\_\_\_\_

## Guidance and Information About or From the Health Department

The COVID-19 Coordinator should actively reach out to the local or state health department upon arrival and ask the following questions and provide detailed information about the health departments response below. If the health department cannot be contacted, the COVID-19 Coordinator should visit the health department's website or reach out to the state occupational health programs listed at the end of the document. Please answer the following questions about health department guidance.

**1) Has the COVID-19 Coordinator contacted the state or local health department?**

- Yes
- No
- Unsure
- Other:

**Additional Information:**

**2) Does the state have COVID-19 state/local testing requirements or recommendations for first responders, entry into the state, etc?**

- Yes
- No
- Unsure
- Other:

**If yes, please describe:**

**3) If testing is required or recommended, what strategies will be implemented (see testing section below)**

**4) Does the health department require or recommend the reporting of symptomatic personnel or contacts to health department?**

- Yes
- No
- Unsure
- Other: \_

**If yes, please describe:**

**5) If symptom reporting is required or recommended, please describe the IMT/fire management's strategy for reporting of symptoms to the health department. Include timeframe for reporting, who will report, and mechanism for reporting.**

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**6) Does the health department have specific case investigation or contact tracing guidance, employer expectations or guidance on collaborations?**

- Yes
- No
- Unsure
- Other:

**If yes, please describe (please see case investigation and contact tracing section for additional details)**

**7) Does the health department have guidance on what will be recommended for a confirmed or positive case?**

- Yes
- No
- Unsure
- Other:

**If yes, please describe:**

**8) Will the health department allow confirmed or exposed personnel leaving the state/county and going to their home duty station?**

- Yes
- No
- Unsure
- Other:

**Please describe their requirements or guidance:**

**9) Other Health Department Guidance or Information:**