

Name:

## ROCKLAND POLICE DEPARTMENT LTC COVID-19 SCREENING QUESTIONNAIRE

The safety of our employees is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. To prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking everyone to complete and submit this questionnaire prior to entering the Police Department.

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and our employees.

1 (61110)		
Phone 1	Number (mobile/home	e):
Address	s:	
		Representations
1	Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? ( <i>Please take your temperature before you answer this question.</i> )	
	Yes □ No □	Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)
	Yes □ No □	Cough
	Yes □ No □	Shortness of breath or difficulty breathing
	Yes □ No □	Sore throat
	Yes □ No □	New loss of taste or smell
	Yes □ No □	Chills
	Yes □ No □	Head or muscle aches
	Yes □ No □	Nausea, diarrhea, vomiting
2	In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?	
	Yes □	No□
3	In the past 14 days, 1 COVID-19?	have you been in close proximity to anyone who has tested positive for
	Yes $\square$	No□
4	Have you been tested for COVID-19 and are waiting to receive test results?	
	Yes 🗆	No $\square$

5	Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?		
	Yes □ No□		
6	In the past 14 days, have you been on a commercial flight or traveled outside of the United States?		
	Yes □ No □		
7	In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?		
	Yes □ No □		
	Certification		
	I hereby certify that the responses provided above are true and accurate to the best of my		
	knowledge.		
Signatur	re: Date:		
	he information collected on this form will be used to determine only if you will be allowed to be Police Department for Licensing Purposes. The information on this form will be maintained as actial.		
Access t	to Police Department (circle one:) Approved Denied		

When you arrive at the Police station for your permit please follow the below procedures.

## When you arrive at the Police station for your permit please follow the below procedures.

- Stay in your vehicle in the parkinglot.
- Call 781-871-3890 ext O for the officer on the desk.
- Identify yourself to the desk officer, who you are, the vehicle that you are driving and the time of your appointment.
- Once you have identified yourself to the desk officer, he/she will notify the licensing officer who will come to your vehicle. Please stay in your car.

## At yourvehicle, the licensing officer will

Review your questionnaire Give

you a mask

Check your temperature.

Determine access for you into the station.

While you have access to the police station a mask will be worn at all times.

Thank You for your cooperation with this procedure.