



JOHNS CREEK FIRE DEPARTMENT

COVID-19 Screening Questionnaire

In every effort to minimize exposure of COVID-19, also known as the Coronavirus, we have implemented the following questionnaire to gather insight on the suitability of the applicants to be interviewed/tested by the Johns Creek Fire Department. It is our mission to keep everyone safe and healthy during the Background process.

Date: _____

Name: _____

Interview/Testing Location: _____

Please answer the following questions truthfully:

1. Have you been tested for and/or diagnosed with COVID-19? YES NO
2. Have you travelled to any foreign country in the past 14 days? YES NO
 - a. If so, Where and when? _____
3. Have you been in contact with anyone who has been diagnosed or exhibiting symptoms of the Coronavirus?
YES NO
4. Have you been in contact with anyone who has travelled to any foreign country in the past 14 days?
YES NO
5. Have you had any of the following symptoms in the past 14 days:
 - a. Fever? YES NO
 - b. Runny nose? YES NO
 - c. Shortness of breath? YES NO
 - d. Sore Throat? YES NO
 - e. Cough? YES NO
 - f. Difficulty Breathing? YES NO
6. Has anyone in your household or anyone you have been in contact with exhibited any of the aforementioned symptoms in the past 14 days?
YES NO
7. Have you been in contact with anyone who has been requested to quarantine themselves or has self-quarantined?
YES NO