APPLICATION FOR COUNTY COVID-19 VARIANCE

Date: ____________________________________________________________

County: _________________________________________________________

Local Health Jurisdiction: __________________________________________

Submitter’s Name, Organization, E-mail Address, Phone Number:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

The brackets below should be checked to confirm the applicant has included the materials in their variance application or agrees to the statement.

[ ] Included with this application are documents demonstrating approvals and endorsements for all of the following:

1. The local public health officer’s recommendation to the Board of Health.

2. Documentation of the vote of the Board of Health, including the motion and the vote totals.

3. Letters from all hospitals used by the county certifying their bed capacity for COVID-19 patients and PPE supplies.

4. Documentation of the vote of the county commission, including the vote totals.

[ ] Attached to this application is a document describing all of the following, in accordance with the instructions:

1. COVID-19 testing site information.

2. Data on median number of days from onset of illness to COVID-19 specimen collection date.
3. Testing data for each of the previous four weeks.

4. LHJ’s resources to perform case and contact investigations.

5. Information on isolation and quarantine facilities.

6. Resources for supporting persons in home isolation/quarantine.

7. LHJ’s capacity to perform outbreak investigations in congregate living situations and workplaces.

8. Any additional information the applicant feels is important for consideration.

[ ] By submitting this application, the local health jurisdiction agrees to notify the DOH on-call communicable disease duty officer at 206-418-5500 of any COVID-19 outbreak investigation within their jurisdiction within 6 hours of beginning the investigation.

As the Director of the applicant LHJ, I am authorized pursuant to the adoption of the COVID-19 Variance Plan by the local board of health and county commission to submit to the Washington State Department of Health this application for consideration.

_________________________________________  __________________________
Signature                                      Date