

## APPLICATION FOR COUNTY COVID-19 VARIANCE

Date:	
Count	y:
Local	Health Jurisdiction:
Subm	itter's Name, Organization, E-mail Address, Phone Number:
	rackets below should be checked to confirm the applicant has included the materials in ariance application or agrees to the statement.
	cluded with this application are documents demonstrating approvals and dorsements 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.
	tached to this application is a document describing all of the following, in accordance th 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.		
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As the Varian	Director of the applicant LHJ, I am authorized pursuant to the adoption of the COVID-19 ace Plan by the local board of health and county commission to submit to the Washington Department of Health this application for consideration.	