



**David Fallon**  
Chief of Police

# City of Somerville Police Department

220 Washington Street  
Somerville, MA 02143-1307  
(617) 625-1600  
www.somervillepd.com



## Health Questionnaire

1. Do you currently have a fever or have you had one in the past 14 days? **YES / NO**
2. Do you currently have a cough or have you experienced coughing recently? **YES / NO**
3. Is anyone you reside with currently experiencing the above mentioned health issues/symptoms?  
**YES / NO**
4. Have you or someone you reside with travelled outside of the United States or been on a cruise in the past 14 to 21 days? **YES / NO**
5. Have you had physical contact with or been close to anyone in the past 14 days that is being monitored for or tested positive for COVID-19? **YES / NO**
6. Have you tested positive for COVID-19 in the last 14 days? **YES / NO**

If you answered YES to any questions, please contact the licensing authority to reschedule your appointment 617-625-1600 x7330.

Signed under the Pains and Penalties of Perjury.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_