

Bell Buckle Bird Flu Emergency Preparation Survey

Important Note: This information will not be entered into any computer file or provided to any agency other than the Bell Buckle Volunteer Fire Department. It is only for purposes of local emergency planning.

Address _____

Telephone Number _____

1. Please list each member of your household, listing the head of the household first.

NAME

AGE

2. Are there members of your household with health or mobility problems? Please describe.

3. Is there someone (relative, friend, etc.) who could care for you and your family members if the adult(s) of your household were incapacitated by flu?

4. Certain businesses might temporarily close during a serious flu epidemic (schools, theaters, restaurants, etc.). Do you think your place of employment might temporarily close? Please explain.

5. Would your family go somewhere else (family farm, another state, etc.) during a serious flu epidemic? Please explain.

6. Is there any other information about your household that would help with planning?