

COVID-19 HEALTH SCREENING QUESTIONNAIRE

The safety of our employees is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, all owners must submit to the following health screening questionnaire prior to inspection.

Date: _____	Owners/Representative Name: _____
Property Address _____	

1. Are visible signs of respiratory illness present? Yes No

2. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?

Fever (100.4° F/37.8° C or greater as measured by an oral thermometer) Yes No

Cough Yes No

Shortness of Breath or Difficulty Breathing Yes No

Sore Throat Yes No

Chills Yes No

Head or Muscle Aches Yes No

New Loss of Smell or Taste Yes No

Nausea, Diarrhea, Vomiting Yes No

3. Have you tested positive for COVID-19 in the past 14 days? Yes No

4. In the past 14 days, have you been on a commercial flight or traveled outside of the United States? Yes No

5. In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States? Yes No

6. Have you self-isolated? Yes No

If so, for how many days and why? _____

7. Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or are awaiting COVID-19 test results? Yes No

8. Have you knowingly been in close or proximate contact in the past 14 days with anyone who has or had symptoms of COVID-19? Yes No

By signing this Health Screening Questionnaire, I confirm the above information is true and accurate:

Signature