

# CUSTOMER COVID19 QUESTIONNAIRE

## PRIOR TO THE START OF MY SERVICE, I CONFIRM THAT:

Yes

No

Have you returned from any of the restricted area within the last 14 days?

Yes

No

Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

Yes

No

Have you been in close contact with anyone who has traveled restricted area within the last 14 days?

Yes

No

Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath)?

Signature:

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Printed Name:

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Date:

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Phone Number:

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