Retro Homeowner’s Questionnaire

Prior to any work the homeowner must be telephonically asked the following questions. Any yes answers will prohibit retro work from being conducted at the household at this time.

Job Site:_____________________________________________
Date:_____________________________________________

Yes  No   Have you or anyone in household traveled to an area with known local spread of coronavirus (COVID-19)?

Yes  No   Have you or anyone in household come into close contact (within 6 feet) with someone who has a confirmed coronavirus (Covid-19) diagnosis in the past 14 days?

Yes  No   Do you or anyone in household have a fever (greater than 100.4) or symptoms of lower respiratory illness such as a cough, shortness of breath, headaches, loss of taste or smell, sore throat or difficulty breathing?

Individual completing the form: _______________________

A copy of this form once completed will be put in job folder.