

## Retro Homeowner's Questionnaire

**Prior to any work the homeowner must be telephonically asked the following questions. Any yes answers with 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.