

# Client/Customer COVID-19 Self Assessment Form

Please complete this questionnaire by answering YES or NO to each question.

**PLEASE NOTE: If you answer yes to any of the questions you will not be able enter the property**  
Sign where indicated. Return form to your agent.

Client's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Do you currently have a fever of 100.4 degrees or greater?**

\_\_\_ No

Go to next question

\_\_\_ Yes

No further screening needed. You will not be able to enter property



**Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?**

\_\_\_ No

Go to next question

\_\_\_ Yes

No further screening needed. You will not be able to enter property

**Have you tested positive for COVID-19 in the past 14 days; and/or experienced any symptoms of COVID-19 in the past 14 days?**

\_\_\_ No

Go to next question

\_\_\_ Yes

No further screening needed. You will not be able to enter property AND should contact your healthcare provider for assessment and testing.

**Within the last 14 days, have you traveled to any of the states impacted by the New York State Quarantine Mandate?**

\_\_\_ No

\_\_\_ Yes (If you have not quarantined for the appropriate amount of time you may not enter the property)

**By completing this form and signing below you are certifying your responses are true and correct.**  
**Please check the appropriate box:**

I confirm all of my responses to the above questions are true for me on this date.

I am unable to confirm that all of the above statements are true for me on this date.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: