**Covid 19 Showing Questionnaire**

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

Client/ Customer Name: **\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

Phone/Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Property Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Agent: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Have you knowingly been in contact or proximity of anyone who have tested positive for Covid 19 or have had symptoms of Covid19 in the last 14 days? **YES \_\_\_\_\_\_ NO \_\_\_\_\_\_**
2. Have you test positive for Covid 19 in the last 14 days? **Yes \_\_\_\_\_ NO \_\_\_\_\_\_**
3. Have you experience any symptoms of Covid 19 the last 14 days?

**YES \_\_\_\_\_ NO \_\_\_\_\_**

1. Have you traveled outside of New York State to or from any of the restrictive states listed below? **YES\_\_\_\_\_ NO \_\_\_\_\_\_**

Alaska, Alabama, Arkansas, Arizona, California, Delaware, Florida, Georgia, Iowa, Idaho, Indiana, Kansas, Louisiana, Maryland, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Mexico, Nevada Ohio, Oklahoma, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Customer Signature