COVID-19 Questionnaire

The safety of our employees, customers, clients and families remain our overriding priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to our customers, clients and colleagues, we are conducting a simple screening questionnaire. We would appreciate your participation. Thank you for your time.

Name:	Personal Phone Number (mobile/home):
Agent:	Agent's Phone Number:

SELF DECLARATION BY CUSTOMER/CLIENT

1	Have you traveled outside the state of Vermont within the last 14 days? Yes No
2	Have you been in close contact with anyone who has traveled outside the State of Vermont within the last 14 days? Yes No
3	Have you had close contact with or cared for someone diagnosed with COVID-10 within the last 14 days? Yes No
4	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes No

If the answer is "yes" to any of the above questions, all showings will have to be rescheduled for 14 days from today's date.

Signature (Customer/Client): ___ Date: __