



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: <div>Rose Marie Matulionis</div>	Personal Phone Number (mobile/home): 202-360-7210
Agent: <div>Roy Clark</div>	Agent's Phone Number: <div></div>

SELF DECLARATION BY CUSTOMER/CLIENT

1	Have you traveled outside the state of Vermont within the last 14 days? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>I have not been in Vermont since January 2020</u>
2	Have you been in close contact with anyone who has traveled outside the State of Vermont within the last 14 days? <input type="checkbox"/> <input type="checkbox"/> Yes _____ No <input checked="" type="checkbox"/>
3	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? <input type="checkbox"/> <input type="checkbox"/> Yes _____ No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

If the answer is "yes" to any of the above questions, all showings will have to be rescheduled for a future date TBD or done virtually if possible.

Signature (Customer/Client):

Rose Marie Matulionis

4/28/2020

Date: _