

Bob Cermignano Air Conditioning & Heating, Inc.
SYMPTOM SCREENING QUESTIONNAIRE

Bob Cermignano Air Conditioning & Heating, Inc. is concerned for the health and safety of our employees and all customers. In the interest of ensuring a safe and healthy work environment, we ask that you carefully complete this self-assessment.

Who should complete this questionnaire?

All customers with scheduled appointments or installations.

Do the medical symptoms in either #1 or #2 below currently apply to you?

#	Answer the questions below	Yes	No	Directions
1	Do you have a fever greater than 101° F?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, we have to reschedule your appointment. We recommend that you seek immediate medical attention.
2	Do you have a fever greater than 99.5° F AND anyone of the following:	<input type="checkbox"/>	<input type="checkbox"/>	If yes, we have to reschedule your appointment. We recommend that you seek immediate medical attention.
	You have respiratory symptoms (coughing, sneezing, head congestion, sore throat, stuffy or runny nose, difficulty breathing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
	You or household members have traveled within the last 21 days to a known COVID-19 hotspot or to an affected region or country designated by CDC/WHO* with a Warning Level 2 or Warning Level 3 Travel Alert.	<input type="checkbox"/>	<input type="checkbox"/>	
	You or household members have had contact within the last 21 days with someone else diagnosed with influenza or virus.	<input type="checkbox"/>	<input type="checkbox"/>	
	You or household members have had contact within the last 21 days with someone who traveled to a known COVID-19 hot spot or to an affected region or country designated by CDC/WHO* with a Warning Level 2 or Warning Level 3 Travel Alert.	<input type="checkbox"/>	<input type="checkbox"/>	

*CDC-Center for Disease Control <https://wwwnc.cdc.gov/travel/notices/>

* WHO-World Health Organization <https://www.who.int/ith/en/>

If you answered “YES” to #1 or #2 above, we must reschedule your appointment until you satisfy the following criteria:

Medical clearance from your doctor must be provided in writing before you will be permitted to reschedule your appointment.

Name _____ Date _____