

CUSTOMER HEALTH QUESTIONNAIRE

Customer's name: _____

Customer's address: _____

Scheduled date for the appointment: _____

Ask the customer the following questions to assess that the presence of our technicians at the customer's house is safe

1. Do you or a family member currently have COVID-19?

- Yes ☐
- No ☐

2. Do you or a family member currently have one or more of the following symptoms?

- Fever (over 38°C) ☐ Yes ☐ No
- Cough ☐ Yes ☐ No
- Respiratory difficulties ☐ Yes ☐ No
- Loss of smell ☐ Yes ☐ No
- Extreme fatigue ☐ Yes ☐ No

2. Have you been in contact with a person with COVID-19 or who currently has symptoms above mentioned in the last 14 days?

- Yes ☐
- No ☐

3. Are you or a family member waiting for a COVID-19 test result?

- Yes ☐
- Not ☐

For the health and safety of Comfort Expert Inc. employees and their customers, if the answer to any of the questions is YES, the appointment will have to be postponed to a later date.

If the customer answers NO to all questions, you can authorize the appointment. Please provide the customer with the following information:

- **At all times, keep 2 meters between yourself and our technicians**
- **Do not be in the same room as the technicians while they are working.**
- **Clean/disinfect as much as possible the work environment where your heater/air conditioning unit is located before the technicians arrive.**
- **Disinfect the work environment once the work has been done and our technicians have left.**