Covid-19 Assessment Form

safeline GROUP OF COMPANIES

Company: ___Zancor Homes _____ Date: MAY 25/21

Service Technician: ROUMEN

Homeowner Names (everyone present at time of appointment)	Have you been in contact with a person who has a potential or a confirmed case of the COVID-19 virus in the last 14 days?	Have you travelled or been in contact with someone who travelled outside of Canada within the past 14 days?	Do you have or have you exhibited any Cold or Flu like symptoms within the past 7 days? If yes, please elaborate	Do you have any other reason to believe that you may have been potentially exposed to the COVID-19 Virus?	Notes
Emanuel Sousa	NO	NO	NO	NO	
Vanessa Sousa	NO	NO	NO	NO	