

High Meadow Cooperative – Covid-19 Health Questionnaire

Please complete this form and drop it off with your request for maintenance. If submitting your maintenance request through the website, complete the form on-line and submit it with your maintenance request. Maintenance will not respond unless this form is completed.

The Maintenance Staff will call prior to coming to your apartment.

Respond Yes or No

_____ I have not been diagnosed with come in close contact or cared for someone diagnosed with COVID-19, nor has anyone else in my household, within the past 14 days.

_____ I have not, nor has anyone else in my household, shown symptoms of COVID-19 or come in close contact with anyone exhibiting these symptoms in the 14 days.

_____ I do not nor does anyone in my household have a cough, fever, chills, shortness of breath, or loss of taste or smell or any other symptoms associated with Covid-19.

_____ I have not traveled outside of New York State nor has anyone from my household for the past 14 days. If yes where was your destination:

_____ If I or anyone within my household begins to show symptoms of COVID-19 within the next 14 days, I will contact the Maintenance Staff (914-941-6208).

_____ I (We) will wear a facemask prior to the staff entering my apartment and will cooperate by opening the windows if weather permits.

Shareholder Signature

Printed Name

Date

Phone Number

Address