

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 using Adobe and submit it with your maintenance request. Maintenance will not respond unless this form is completed. **Email to hmmaintslip@gmail.com or drop off with your maintenance request @ 161 S. Highland Ave.**

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

Respond True or False

_____ 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