

BL# _____

1) IN THE PAST 24 HOURS, HAVE YOU OR ANY ONE IN YOUR HOUSEHOLD EXPERIENCED ANY OF THE FOLLOWING? IF SYMPTOMS SUCH AS SHORTNESS OF BREATH ARE DUE TO A KNOWN, NON WORSENING CHRONIC CONDITION, please say "NO"

SYMPTOM

COUGH	YES	NO
SHORTNESS OF BREATH	YES	NO
FEVER (100.4 F OR ABOVE	YES	NO
CHILLS	YES	NO
FATIGUE	YES	NO
SORE THROAT	YES	NO
NEW HEADACHES	YES	NO
LOSS OF TASTE OR SMELL	YES	NO

2) IN THE PAST 14 DAYS, HAVE YOU TESTED POSITIVE OR BEEN INFECTED WITH CORONAVIRUS (COVID_19)?

YES NO

3) IN THE PAST 14 DAYS, HAVE YOU TRAVELED OUTSIDE OF YOUR HOMETOWN WITHIN THE UNITED STATES WITHOUT FOLLOWING THE RECOMMENDATIONS OR GUIDELINES TO PREVENT AND CONTROL THE SPREAD OF CORONAVIRUS INFECTION AS ESTABLISHED BY THE CDC?

YES NO

4) IN THE PAST 14 DAYS, HAVE YOU TRAVELED TO ANY FOREIGN COUNTRY OR BEEN IN ANY CLOSE CONTACT (WITHIN 6 FEET) WITH A PERSON WHO HAS RETURNED FROM A FOREIGN COUNTRY WITHIN THE LAST 14 DAYS?

YES NO

5) IN THE PAST 14 DAYS, HAVE YOU HAD CLOSE CONTACT (WITHIN 6 FEET) OF A PERSON WITH POSSIBLE CORONAVIRUS INFECTION WITHOUT ADHERING TO GUIDELINES SET FORTH BY CDC INCLUDING DONNING THE REQUIRED PERSONAL PROTECTIVE EQUIPMENT?

YES NO

** Due to the current pandemic and the risks associated with moving during this time, we ask that you, the customer, are fully aware and understand the following . First, the movers will be exerting body energy that will produce perspiration and sometimes sweat droplets. We ask that you protect yourself by wearing any personal protective equipment such as masks, as well as disinfecting your household and all the items we moved with a disinfectant that kills viruses after we leave. This responsibility is yours and we will not be held liable for any exposure you may or may not have due to the nature of our business and its safety practices. Second, we ask that you take in consideration all the risks associated with possibly being affected with Covid 19 when moving and whether it is essential or not. This in itself is solely your decision and was not coerced by Best Moving Service in anyway.

Person you spoke to name _____ Client Name _____

Person asking questions name _____ Signature _____ Date _____