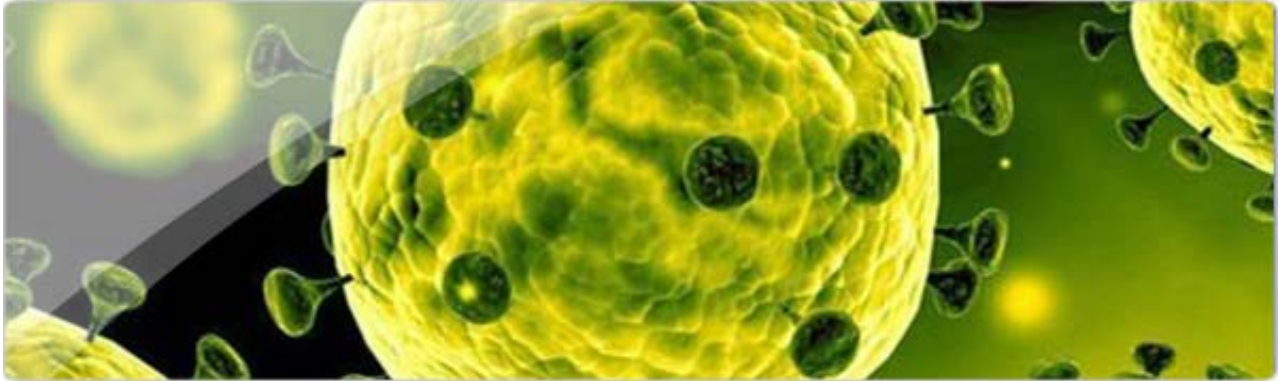


# NOTICE



Screening for COVID-19 - Workers who must enter homes or offices, other than their own, to perform their work

**PLEASE DO NOT ENTER THE BUILDING**

**if the homeowners or employees present answer YES to any of the questions**

1. Do you have any of the following symptoms: fever/feverish, new or exacerbation of chronic cough, difficulty breathing?  
 Yes  
 No
2. Have you returned from China, Iran or Italy within the last 14 days or have you returned from any other out-of-country destination since March 13, 2020?  
 Yes  
 No
3. Have you had close contact with a confirmed or probable COVID-19 case?  
 Yes  
 No
4. Have you had close contact with a person being tested for COVID-19?  
 Yes  
 No