



Daniel Horrigan
Mayor

City of Akron

COVID-19 CLIENT PRE-SCREENING QUESTIONNAIRE

Due to the ongoing COVID-19 Pandemic, all clients are required to complete this form prior to having a residential home inspection through the City of Akron Housing Rehabilitation Programs. These rules are being enforced to protect our clients and staff and ensure the safety and health of you and your loved ones.

	YES	NO
Have you or anyone in your household traveled outside of the US in the past 14 days?		
Have you or anyone in your household been in contact with any person confirmed to have contracted COVID-19 in the past 14 days?		
have you or anyone in your household been diagnosed with COVID-19 in the past 14 days?		
Have you or anyone in your house hold had any of the following symptoms in the past 72 hours:		
Fever (at or over 100.4)		
Cough		
Shortness of breath or difficulty breathing		
Chills or repeated shaking with chills		
Muscle pain		
Recent onset of headache or sore throat		
Other flu-like symptoms		
Recent loss of taste or smell		
Recent GI upset or diarrhea		
Are you at high risk? (Are you age 65 or older; have a serious heart condition, chronic lung or kidney disease, liver disease, moderate to severe asthma, diabetes or are immunocompromised?)		

By signing below you certify that the answers above are true. Failure to answer truthfully or withholding information intentionally will result in immediate dismissal from our program.

Client: _____ Date: _____

Inspector: _____ Temp: _____ Date: _____