

Agency Point of Contact: _____ Phone: _____

Occupant Pre-existing or Potential Health Condition Screening

Client Name: _____ File ID: _____

Address: _____

➤ Date of Initial Screening: ____/____/____

Explain to the client the necessity of ensuring the household's health and safety, and that of the New Jersey Weatherization Program agency staff and contractors. The client is asked to reveal known or suspected health concerns related to the weatherization measures that may be installed, as part of the intake scheduling.

Please check the appropriate boxes below and provide details in the space provided.

____ Chronic allergies: _____

____ Breathing problems: _____

____ High blood lead levels: _____

____ Mold or moisture problems in home (specify location): _____

____ Lead or asbestos in home (specify location): _____

____ Known radon test levels: _____

____ Other concerns: _____

I certify that the information contained in this health condition screening is accurate and complete to the best of my knowledge.

Agency Intake Specialist Signature: _____

➤ Date of Onsite Screening: ____/____/____

I _____ the occupant of the above address, have confirmed the known or suspected health concerns, listed above.

Client Signature _____

The auditor has identified actions that may be necessary to ensure the health and safety of clients based on occupant preexisting health conditions listed above.

The auditor has explained to the occupants for the planned use of spray polyurethane foam, blown cellulose or any other product(s) that may cause health hazards. Health hazards may include but are not limited to allergic or asthmatic symptoms or respiratory irritation resulting in breathing difficulties if product is inhaled. Additional precautions must be taken if known medical conditions exist and/or if product safety data sheets indicate so.

Agency Auditor Signature: _____