

Agency Letter Head

Occupant Pre-existing or Potential Health Condition Screening

Client Name: _____ File ID: _____

Address: _____

➤ Date of Initial Screening: ____/____/____

Explain to the client the necessary of ensuring their health and safety, and that of the New Jersey Weatherization Program agency staff and contractors. The client is required to reveal known or suspected health concerns as part of the intake scheduling.

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

____ Has anyone in the household tested positive for COVID-19 within the last 10 days? ____ yes or ____ no If yes, how long ago? _____

____ Has anyone in the household experienced fever, cough, or shortness of breath in the last 10 days? ____ yes or ____ no

____ Has anyone in the household been in contact with someone who has tested positive or experiencing the above symptoms? ____ yes or ____ no If yes, how long ago _____

____ 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.

Intake Specialist Signature: _____

➤ Date of Onsite Screening: ____/____/____

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

Client Signature _____

The auditor has identified actions that may be necessary to assure 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 foam or any other product that may cause a health hazards that additional precautions must be taken.

Auditor Signature: _____