

# Client Certification of Lack of Exposure

In an effort to determine whether you or a visitor to or member of your household pose a heightened risk of exposing employees to the novel coronavirus/COVID-19, we require that you complete this form. The information will be used to determine whether any of you might pose a heightened risk of transmitting COVID-19 such that we cannot provide you with services at this time. We value our relationship with you and will attempt to refer you to a Home Health Agency with the training and ability to help with communicable diseases should you need to continue care while you still test positive for COVID-19.

## Basic Information

Client's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Person Answering Questions if Not The Client: \_\_\_\_\_

Date: \_\_\_\_\_

Method of Screening:  Phone  In Person  Text Message  Email

## Questionnaire

1. Have you, a member of or visitor to your household had symptoms in the last 24 hours associated with the novel coronavirus/COVID-19 including a fever above 100.0°F, cough, and/or shortness of breath?

Yes  No

---

2. Have you, a member of or visitor to your household been in close contact (within 6 feet for a prolonged period) with anyone diagnosed with the novel coronavirus/COVID-19 in the past 14 days?

Yes  No

---

3. Have you, a member of or visitor to your household been advised or ordered to quarantine or isolate by a health care provider or a governmental agency (including border patrol, the CDC or a state or local health department)?

Yes  No

---

4. Have you been told by a health official that you (or a family member) have or have been exposed to COVID-19?

Yes  No

---

5. Have you, a member of or visitor to your household been on a cruise in the last 14 days?

Yes  No

---

6. Have you been diagnosed with COVID-19?

Yes  No

---

7. Has a member of or visitor to your household been diagnosed with COVID-19?

Yes  No

---

To the extent that circumstances change in the future such that you would answer "Yes" to any of the foregoing, please contact us immediately.

---

Signature

---

Name (printed)



## About Caresmartz, Inc.

Becoming a leading technology company within the homecare industry, Caresmartz, Inc. has helped hundreds of private-duty home care agencies, caregivers, home care startups, and office staff in their day-to-day operations through their software solutions. Their software, CareSmartz360, is tailored to the needs of their clients, giving them control over their home care business, from scheduling and client management to invoicing and much more.

To learn more, visit:

[www.caresmartz360.com](http://www.caresmartz360.com)

Connect with us at:



Get in Touch

 [+1-844-588-2771](tel:+18445882771)