



Dear Customer,

Affordable Home & Office Removal's primary concern during the current Coronavirus (COVID-19) outbreak is to do everything possible to limit the spread of the virus throughout the community, particularly those in the community who are considered moderate to high risk. In addition, protecting our employees and customers and keeping hygiene and well-being a top priority during this uncertain time.

To protect everyone involved in the removal process we require you to complete the below checklist prior to the removal.

**VISITOR DECLARATION FOR COVID-19**

|                        |  |
|------------------------|--|
| <b>NAME:</b>           |  |
| <b>DOB:</b>            |  |
| <b>CONTACT NUMBER:</b> |  |

|                                                                                                                                                                                                      |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Have you or anyone in your household returned from overseas travel within the past 14 days?                                                                                                          | <b>YES / NO</b>               |
| Have you had contact with any persons who have returned from overseas in the past 14 days?                                                                                                           | <b>YES / NO</b>               |
| Have you been tested for COVID-19?                                                                                                                                                                   | <b>YES / NO</b>               |
| If you answered Yes to question 3                                                                                                                                                                    | <b>DATE of Test:</b><br>..... |
| What was the result?                                                                                                                                                                                 | <b>POS / NEG</b>              |
| Are you experiencing any of the following?<br><ul style="list-style-type: none"> <li>• Fever</li> <li>• Coughing</li> <li>• Sore throat</li> <li>• Fatigue</li> <li>• Shortness of breath</li> </ul> | <b>YES / NO</b>               |

I hereby declare that the answers are true and correct:

**Signed:** ..... **Date:** .....