



RI WEATHERIZATION ASSISTANCE PROGRAM (WAP) IES COVID-19 CUSTOMER SCREENING CHECKLIST



The following questions are about COVID-19. By law, you are not required to provide information about your health. Sharing your health information is critical for the safety of both you and the WAP representative. WAP will need to reschedule your service for another date without this information.

CUSTOMER NAME:	
ADDRESS:	
DATE:	

1. Do you believe that you, or anyone in your home, has COVID-19 right now or had COVID-19 in the past 14 days?
 Yes
 No
2. Have you, or anyone in your home, tested positive for COVID-19 in the past 14 days?
 Yes
 No
3. Have you, or anyone in your home, been told by a medical professional in the past 14 days to self-quarantine?
 Yes
 No
4. Have you, or anyone in your home, been exposed to someone who has tested positive for COVID-19 in the past 14 days?
 Yes
 No
5. Do you, or anyone in your home, have any of the following symptoms or have you had any of the following symptoms in the past 14 days?
 Cough
 Shortness of breath or difficulty breathing
 Fever or Chills
 Muscle or body aches
 Sore throat
 Headache
 Nausea or vomiting
 Diarrhea
 Runny nose or stuffy nose
 Fatigue

Recent loss of taste or smell

I do not currently have any of these symptoms and I have not had any of these symptoms in the past 14 days

6. Are you able to clean and disinfect your home before WAP service is provided?

Yes

No

7. Are you able to ensure that your home will be clean before WAP service is provided?

Yes

No

8. Do you have personal items that must be rearranged or removed before WAP service is provided?

Yes

No

9. Are you able to ensure clear access to all areas required to receive WAP services including, but not limited to, attic and crawlspace access locations?

Yes

No

10. People with the following health conditions are at significantly higher risk of becoming severely ill or dying from COVID-19 and are considered high risk:

- Age 65 older
- Live in a nursing home or long-term care facility
- Have chronic lung disease or moderate to severe asthma
- Have serious heart conditions
- Have a weakened immune system
- Have body mass index (BMI) of 40 or higher
- Have diabetes
- Have chronic kidney disease and get dialysis
- Have liver disease
- Are pregnant
- Have been determined to be high risk by a licensed healthcare provider

➤ Based on the above, are you, or anyone in your home, high risk?

Yes

No

Customer Signature/Date:

_____ / _____ /2020

Energy Auditor Signature/Date:

_____ / _____ /2020