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### **COVID-19 Questionnaire**

The health of our staff, clients, and community is our top priority. In an effort to slow the spread of COVID-19, we are asking you to complete this questionnaire within 24 hours of any office appointment.

1. I confirm that I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.  
 Yes             No
  
2. I confirm that I am currently not experiencing COVID-19 symptoms, nor have I had COVID-19 symptoms in the past 14 days, including, but not limited, to the following (Choose any /all that apply).
  - Fever or Chills
  - Cough
  - Shortness of Breath or Difficulty Breathing
  - Loss of Taste or Smell Sensation
  - Digestive Issues
  - Body Aches
  - None of the above
  
3. I confirm that I am not waiting for the results of a COVID-19 test, nor have I tested positive for COVID-19 in the past 14 days.  
 Yes             No
  
4. I confirm that I or anyone that I live with, have not come in contact with anyone who is currently being tested for COVID-19, or has tested positive for COVID-19 within the past 14 days.  
 Yes             No
  
5. I confirm that In the past 14 days, I have not been in a setting that has been identified by the Department of Health as a risk for acquiring COVID-19, such as on a flight, in a workplace with a cluster of cases, or at an event.  
 Yes             No
  
6. I confirm that I have not traveled Internationally or taken a cruise in the past 14 days.  
 Yes             No

7. I confirm that I have not provided care or had close contact with any person with COVID-19 or with any person reasonably suspected of having COVID-19 or with any person who has traveled Internationally or has taken a cruise in the last 14 days.  
 Yes             No
  
8. I confirm that I have not been advised by a medical professional or Department of Health to self-isolate due to possible exposure to COVID-19.  
 Yes             No
  
9. I confirm that I will contact my tax preparer if I have any symptoms of COVID-19 within the 14-day period following my office appointment.  
 Yes             No

Your name and today's date