



HEALTH INFORMATION FORM

Health Information Questionnaire (check applicable boxes)

- Customer elects to provide the following responses to items A through F below, which responses are complete, true, and correct to the best knowledge and belief of the Customer, with the intent that MasterDry, LLC may rely upon such responses for all purposes.
- Customer declines to provide responses to items A through F below, with the understanding that the lack of such responses may limit the ability of MasterDry, LLC to provide appropriate recommendations.

A. Does any resident or frequent invitee of the Work Site have any known allergies?

Yes

No

If yes, list the allergies: _____

B. Does any resident or frequent invitee of the Work Site have any known sensitivity to chemicals?

Yes

No

If yes, list the chemicals: _____

C. Is any resident or frequent invitee of the Work Site under the care of a physician?

Yes

No

If yes, for what medical condition: _____

D. Does any resident or frequent invitee of the Work Site have respiratory problems?

Yes

No

E. Does any resident or frequent invitee of the Work Site have a deficient immune system?

Yes

No

F. List any health-related concerns the Customer has regarding the services of MasterDry, LLC:

CUSTOMER SIGNATURE _____ DATE _____

877-65-FLOOD