

Health Information and Consent to Proceed Form

In order to provide you with the best possible service, we request that you provide us with the following information:

1. I agree _____ decline _____ to provide the following information. (Please initial.)

2. Does any resident have any known allergies? Yes _____ No _____
Please list:

3. Does any resident have any sensitivity to chemicals? Yes _____ No _____
If so, Please list:

4. Is any resident under the care of a physician? Yes _____ No _____
Name of resident(s) under care: _____
Physician's Name: _____ Telephone: _____

5. Are there any residents under the age of 6 years old? Yes _____ No _____
6. Are there any residents over the age of 60 years old? Yes _____ No _____
7. Are there any residents with respiratory problems? Yes _____ No _____
8. Are there any residents that have a deficient immune system? Yes ___ No ___
9. Please list any concerns you may have about our services or about your health:

I have read the information provided to me and have reviewed or been offered information on the MSDS (Material Safety Data Sheets) regarding the chemicals that may be used in my residence and I hereby give my consent for necessary services to be performed.

Owner / Occupant Date: City