

**Bow Valley Moving Company**  
(MovingYouHome.com)

CLIENT DISCLAIMER FORM - COVID-19 and infectious diseases.

Valued customer;

As you know these are unprecedented times with the spread of COVID – 19.

Bow Valley Moving Company / MovingYouHome.com is dedicated to the safety and wellness of our customers and our staff. We've taken extra precautions to keep, trucks and equipment as sanitized as possible by disinfecting our trucks, blankets, floor-runners and equipment before each move.

On the day of your move you'll be asked to complete and sign a questionnaire like this "before" we proceed with your move. Please answer truthfully and return to the team leader in charge of your move.

If you have answered "YES" to any of the above questions, please rebook your move for a later date. If you have answered NO to all the above questions, we will be able to proceed with your move. We are trusting you have taken precautions to keep your environment virus free for us as well.

- |                                                                                                                          | CIRCLE ONE |
|--------------------------------------------------------------------------------------------------------------------------|------------|
| 1. Do you have any of these symptoms?                                                                                    |            |
| • Fever                                                                                                                  | YES. NO.   |
| • Cough                                                                                                                  | YES. NO.   |
| • Shortness of breath                                                                                                    | YES. NO.   |
| • Other symptoms such as fatigue or sore throat                                                                          | YES. NO.   |
| 2. Have you traveled outside Canada within the last 14 days?                                                             | YES. NO.   |
| 3. Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough/or fever? | YES. NO.   |
| 4. Have you been in in the last 14 days with someone that is being investigated or confirmed to be a case of COVID – 19? | YES. NO.   |

The safety of you, our future clients and our team is of the utmost importance. Thanks for your understanding!

CLIENTS NAME; \_\_\_\_\_

DATE; \_\_\_\_\_

SIGNATURE; \_\_\_\_\_

CREW SUPERVISOR; \_\_\_\_\_