



HEALTH CONSENT AND AUTHORIZATION TO PROCEED

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. Do any occupants have known allergies? Yes No

• Please list:

3. Do any occupants have any sensitivity to chemicals? Yes No

• Please list:

4. Are any residents under the care of a physician? Yes No

5. Are there any residents under the age of 4? Yes No

6. Are there any residents over the age of 65? Yes No

7. Do any of the residents have respiratory problems? Yes No

8. Do any of the residents have a deficient immune system? Yes No

9. Please list any concerns that 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 Data Safety Sheets) regarding the chemicals that may be used in my residence and I hereby give my consent for necessary services to be performed.

Print Name

(Signature)

(Date)