



The cooperative purchasing company
for independent residences

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COVID-19 Health and Safety Information Request

The questions below are asked to help ensure the safety of any approved residents as well as the FCI staff who will be visiting your facility.

You must be able to answer **NO** to questions #1 - 4 before an FCI staff member will enter your facility.

Section 1: **In the past 2 weeks:**

1	Has anyone entered, stopped by, visited, stayed overnight in your facility? (other than the GRA, exempted Graduate Student Boarders, or people in section 2)	YES	NO
2	Has the GRA or exempted Graduate Students traveled out of the state, country, and / or in an area highly affected by the Covid-19?	YES	NO
3	Has anyone at your site been exposed to the Covid-19 virus?	YES	NO
4	Is anyone at your site not feeling well and/or have a temperature?	YES	NO

Section 2: **Have any of the following entered your facility to perform a contracted service?**

	Name / Company Name	Telephone #	Area of building	Date(s)
Alumni Walkthrough				
Alumni				
Cleaning				
Contractor				
Pest management				
Other				

Please email additional entries.

I attest the above to be true

Printed Name: _____

Signature: _____ Date: _____