

COVID-19 Notice to All Vendors, Contractors and Visitors

Visiting Building: _____ Apartment: _____

In light of the COVID-19 pandemic, I understand that the NYC Department of Health, the CDC and other government agencies require all individuals wear face covering over the nose and mouth when out in public and social distancing of 6' is not possible. I further understand that this [one] co-op/condominium requires face covering of all individuals while in the public areas of the building and grounds and affirm to abide by this requirement at all times while in the building, including hallways, elevators, basement areas, entrances and lobbies. I recognize that my ability to enter the building is conditioned upon my making the representations set forth in this Certification below and that I may be denied access if building staff believes, in its reasonable judgement, that I am exhibiting symptoms of COVID-19 or am not complying to the face covering requirement.

Certification

By signing below, I certify that:

1. I have not been diagnosed with COVID-19 or had any symptoms of COVID-19 (dry cough or shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell) and/or exhibit any other flu-like symptoms or respiratory issues within the past 14 days, or if tested positive for COVID-19, have met CDC guidelines to end my isolation.
2. I have not come in close contact* with or cared for someone diagnosed with COVID-19 or who had a possible case of COVID-19** within the past 14 days.
3. I have not had any flu like symptoms within the last three days.
4. I agree to abide by the requirement to wear a face mask covering at all times while in the common areas of the building and inside private residences if there are other individuals in attendance.

Print Name: _____ Contact #: _____

Sign Name: _____ Date: _____

Company: _____

*Close Contact is defined as being within 6 feet or less for 10 minutes or more.

**Dry Cough, shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell and/or exhibiting any other flu-like symptoms or respiratory issues.