



# EXCEL CONSTRUCTION GROUP

## ROOFING & CONSTRUCTION

5701 WATAUGA RD. WATAUGA, TX 76148 | (817) 380 – 1500

### Customer Supplied Health Information

I Agree : \_\_\_\_\_ OR Decline : \_\_\_\_\_ to provide the following information.  
(Initials) (Initials)

Does any resident have asthma or allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

Does any resident have sensitivity to any chemicals? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any residents that are under the age of 6 Years Old? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any residents that are over the age of 60 Years Old? YES \_\_\_\_\_ NO \_\_\_\_\_

Is any resident under Doctor's care? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any residents that have other respiratory problems? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any residents that have a deficient immune system? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the residence used as a childcare facility? YES \_\_\_\_\_ NO \_\_\_\_\_

Is there any resident that is pregnant? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you had or are you aware of any water related conditions in the dwelling prior to this loss?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain the cause and affected areas.

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SIGNED

DATE

PRINTED NAME