COVID-19 Certification for Property Showings/Visits

Property Address: _____ Date of visit: _____, 2020
Seller(s) Present: _____
_____
Listing Agent(s) Present: _____
Other Seller Representative(s) Present: _____
Buyer(s) Present: _____
_____
Buyer Agent(s) Present: _____
Other Buyer Representative(s) Present: _____

Each person present during this showing/visit individually acknowledges that the novel coronavirus (COVID-19) represents a serious health threat to persons exposed to it, and that all persons present during this showing/visit are relying on the truthfulness and accuracy of the certifications made herein.

Each person present during this showing/visit individually certifies that to the best of their knowledge, information and belief, neither they nor a member of their household with whom they live nor a person they work with closely:

1. Have experienced any cold or flu-like symptoms in the last 14 days
(fever, cough, sore throat, respiratory illness, difficulty breathing)?
2. Has been diagnosed (tested positive) with COVID-19.
3. Has a test pending for COVID-19.
4. Is under quarantine directed by a healthcare provider due to COVID-19 concerns.
5. Has traveled in the past 14 days to anywhere designated as having widespread sustained spread by CDC.
6. Has had contact with someone diagnosed with COVID-19.
7. Has had contact with someone who had contact with someone diagnosed with COVID-19.

ALL PERSONS PRESENT PLEASE SIGN AND PRINT TO INDICATE YOUR CERTIFICATION OF ALL OF THE ABOVE AS TO YOURSELF:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____