

**COVID-19 HEALTH SCREENING & TRAVEL ADVISORY QUESTIONNAIRE.**

THIS SCREENING QUESTIONNAIRE SHOULD BE DONE REMOTELY WHENEVER POSSIBLE.

As part of the phased re-opening for real estate, the DOH released guidance providing for screening Sellers/Buyers/Landlords/Tenants prior to showing a property in-person. The purpose of this form is to assist the DOH with tracking and tracing COVID-19 exposure and prevent further outbreaks.

If you have travelled to New York from another state on or after June 25, 2020, you may be required to quarantine yourself for 14 days. A list of the states and countries subject to the quarantine can be found here: <https://coronavirus.health.ny.gov/covid-19-travel-advisory> and here: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/from-other-countries.html>

The person signing this form acknowledges and agrees: (1) the information requested on this form is being provided voluntarily, (2) the information provided on this form is confidential and is not intended for use outside of determining whether an in-person showing or meeting can occur, (3) the refusal or failure to answer each question below may result in the cancellation of any meeting or showing, and the Broker reserves the right to refuse entry to that person; (4) if the answer to questions 1-3 is "Yes" that person will not be permitted to attend the in-person showing or meeting; (5) if the answer to question 4 is "Yes" and the answer to question 5 is "No" that person will not be permitted to attend the in-person showing or meeting; (6) In the event you become symptomatic and/or test positive for COVID-19 within 48 hours of the last visit to the property, you must notify the real estate agent immediately so proper tracking and tracing can be completed. The Broker represents they use and present this form uniformly.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address being shown: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has had symptoms of COVID-19? YES\_\_\_ NO\_\_\_

2. Have you tested positive for COVID-19 in the past 14 days? YES\_\_\_ NO\_\_\_

3. Have you experienced any symptoms of COVID-19 in the past 14 days? YES\_\_\_ NO\_\_\_

4. In the last 14 days, have you traveled from or been in close or proximate contact with someone who has traveled from another state or country for which New York State requires a mandated self-quarantine period? YES\_\_\_ NO\_\_\_

5. If you answered "Yes" to question 4, have you completed the 14 day self-quarantine as currently required by New York State? YES\_\_\_ NO\_\_\_

Signature \_\_\_\_\_