

**COVID-19 QUESTIONNAIRE**

**Property Address:** \_\_\_\_\_ (**"Property"**)

Consistent with directives issued by the California Association of Realtors®, we \_\_\_\_\_ ask these questions of all Homeowners, Occupants, Agents, Buyers, Third Party Contractors, Inspector and/or Appraisers seeking access to the Property. You are not required to answer these questions though doing so may promote maintaining continuity in effecting the purposes of ongoing contracts. Please consider that \_\_\_\_\_ does not decide who will access the Property. Rather, we ask the Seller/Occupant for permission and the Seller/Occupant will advise if they will allow access. We also cannot warrant the accuracy of statements from any persons.

After thoughtful consideration, please consider the following questions and sign below prior to entering into and/or providing access to the Property.

<b>Homeowner/Occupant</b>	<b>Yes</b>	<b>No</b>
Have you recently traveled to an area with known local spread of COVID-19?	_____	_____
Have you come in close contact (within 6 feet) with someone who has a laboratory confirmed COVID-19 diagnosis in the past 14 days?	_____	_____
Do you have a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, difficulty breathing, or sore throat?	_____	_____

**Printed Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Homeowner/Occupant</b>	<b>Yes</b>	<b>No</b>
Have you recently traveled to an area with known local spread of COVID-19?	_____	_____
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**Printed Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COVID-19 QUESTIONNAIRE**

**Property Address:** \_\_\_\_\_ (**"Property"**)

<b>Agent/Buyer/Third Party Contractor/Inspector/Appraiser</b>	<b>Yes</b>	<b>No</b>
Have you recently traveled to an area with known local spread of COVID-19?	_____	_____
Have you come in close contact (within 6 feet) with someone who has a laboratory confirmed COVID-19 diagnosis in the past 14 days?	_____	_____
Do you have a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, difficulty breathing, or sore throat?	_____	_____

**Printed Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Agent/Buyer/Third Party Contractor/Inspector/Appraiser</b>	<b>Yes</b>	<b>No</b>
Have you recently traveled to an area with known local spread of COVID-19?	_____	_____
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Do you have a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, difficulty breathing, or sore throat?	_____	_____

**Printed Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Request to all Agents, Buyers, Third Party Contractors, Inspectors  
and/or Appraisers Accessing Property**

Request is provided to ensure you comply with the following measures immediately prior to and/or while accessing the Property:

- Use an alcohol-based hand sanitizer immediately prior to access to the Property and apply fresh, disposable gloves that are removed after leaving the Property.
- Practice social distancing while at the Property, maintaining distance of no less than 6 feet from other persons.
- Affix and wear a fresh face mask.
- Affix and wear fresh disposable booties.
- Avoid contact with hard surfaces when possible at the Property.
- Cough and/or sneeze into your sleeve in a direction away from any other persons.

***Through re-execution of this document below, I agree to follow the above-requested protocol.***

**Printed Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_