

HEALTH AND SAFETY SCREENING QUESTIONNAIRE FOR COVID-19

This questionnaire has been updated pursuant to New York State Department of Health’s designation of COVID-19 as a “highly contagious communicable disease the presents a serious risk of harm to the public health” on September 6, 2021. The purpose of this questionnaire is to help promote and protect the health and safety of our agents, staff, clients and customers. We appreciate your cooperation in these precautionary measures.

Property Address Being Shown: _____

BY SIGNING THIS FORM, I CERTIFY AS FOLLOWS:

- I have not tested positive for COVID-19 in the past 14 days.
- I am not presently experiencing, and I have not in the past 14 days experienced, any symptoms typically associated with COVID-19.
- I will immediately notify the real estate broker/agent listed below if I become symptomatic and/or test positive for COVID-19 within 48 hours of my visit to the property so that proper contact tracing can be completed.

The information provided on this form is confidential and will not be used for any purpose other than determining that an in-person showing of property or meeting may occur safely and in accordance with New York State DOH guidelines. By signing below, I agree that I have certified the information listed above truthfully and voluntarily, and that the owner of the property, the listing broker or its agent has the right to cancel or postpone any in-person showing or meetings if a person refuses, fails or is unable to certify to all questions listed above.

Print Name	Signature	Date: _____	Phone/email: _____
Print Name	Signature	Date: _____	Phone/email: _____
Print Name	Signature	Date: _____	Phone/email: _____
Print Name	Signature	Date: _____	Phone/email: _____

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