

# COVID-19 Active Screening Questionnaire

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Your health and well-being are of the utmost importance to us. As such, we are taking measures to keep everyone safe during this pandemic. Therefore, I am required to screen home sellers and buyers daily before showing properties. Please confirm the following:

1. Within the last 14-days, have you had a temperature at or above 100.4° or the sense of having a fever? ☐ YES ☐ NO
2. Within the last 14-days, have you knowingly been in close or proximate contact with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19 (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes)? ☐ YES ☐ NO
3. Within the last 14 days, have you tested positive for COVID-19? ☐ YES ☐ NO
4. Within the last 14 days, have you experienced any symptoms of COVID-19? ☐ YES ☐ NO
5. Within the last 14 days, have you traveled to any of the states impacted by the New York State Quarantine Mandate? ☐ YES ☐ NO

**If you have answered yes to any of these questions, we must decline your request to view the requested property at this time. Please reach out to the listing agent to schedule the viewing at another time.**

Signature: \_\_\_\_\_