

COVID-19 Certification for Property Viewings/Visits

Date of Visit: _____

As a safety procedure beneficial to all parties directly and indirectly involved in a real estate transaction, each person present during this viewing/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.

Property Address: _____

Seller 1 Present: _____

Buyer 1 Present: _____

Seller 2 Present: _____

Buyer 2 Present: _____

Listing Agent Present: _____

Selling Agent Present: _____

Present on Sellers' Behalf: _____

Present on Buyers' Behalf: _____

Present on Sellers' Behalf: _____

Present on Buyers' Behalf: _____

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. Has 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. Has traveled in the past 14 days to anywhere designated as having widespread sustained spread by CDC;
5. Has had contact with someone diagnosed with COVID-1;
6. Has had contact with someone who had contact with someone diagnosed with COVID-19.
7. Is under quarantine directed by a healthcare provider due to COVID-19 concerns;

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

Signer 1	Signature 1	Signer 6	Signature 6
Signer 2	Signature 2	Signer 7	Signature 7
Signer 3	Signature 3	Signer 8	Signature 8
Signer 4	Signature 4	Signer 9	Signature 9
Signer 5	Signature 5	Signer 10	Signature 10