



COVID-19 Property Showing Screening Questionnaire

*Flateau Realty, Corp. is required by the NYS Dept. of Health to pre-screen **ALL** interested parties prior to the showing of ANY real estate property.*

The entire questionnaire must be completed prior to submitting to the listing broker/agent or you will not be admitted to view the property.

Date: ____ / ____ /2020

Email: _____

Full Name: _____

Contact#: (____) _____ - _____

Buyer/Seller/Lessor/Lessee/Real Estate Agent: _____

Property Address: _____

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 or had symptoms of COVID-19?

Yes or No? _____

2. Have you tested positive for COVID-19 in the past 14 days? **Yes or No?** _____

3. Have you experienced any symptoms of COVID-19 in the past 14 days? **Yes or No?** _____

4. As a seller, lessor, or real estate agent of a seller or lessor, I acknowledge that I must disclose to the real estate agent providing this form if I become symptomatic and/or I test positive for COVID-19 within 48 hours of the last visit to this property.

Initial _____

5. As a buyer or lessee or real estate agent of a buyer or lessee, I acknowledge that I must disclose to the real estate agent providing this form if I become symptomatic and/or I test positive for COVID-19 within 48 hours of the last visit to this property.

Initial _____

Signature x: _____