

COVID-19 CERTIFICATION FOR ACCESS

Property Address: _____ Date of visit: _____, 2020

Seller(s): _____ Listing Agent(s) Present: _____

Potential Buyer(s) Present: _____

Buyer Agent(s) Present: _____

Other Individual(s) Present: _____ Role*: _____

*Roles like Inspectors, appraisers, contractors or other transaction service providers.

Seller authorizes access to the property ONLY to the individual(s) who have signed below.

Each person listed above certifies that to the best of his or her knowledge neither they, nor a member of their household with whom they live, nor a person with whom they work with closely:

- 1. Do you currently have a fever of 100.4 or higher? Have you had one in the last 14 days?**
- 2. Do you currently or have you in the last 14 days had a loss of taste or smell?**
- 3. Has experienced any cold or flu-like symptoms in the previous 14 days (fever, cough, sore throat, respiratory illness, difficulty breathing)?**
- 4. Is currently diagnosed with COVID-19?**
- 5. Has a test pending for COVID-19?**
- 6. Is currently recommended to be under self-quarantine by a health care professional or government agency due to COVID-19 concerns?**
- 7. Has had contact in the previous 14 days with someone diagnosed with COVID-19?**
- 8. Has had contact in the previous 14 days with someone who had contact with someone else diagnosed with COVID-19?**
- 9. Has traveled in the previous 14 days to anywhere designated as having widespread ongoing transmission by the Centers for Disease Control or outside of the United States?**

This certification does not create any legally binding contract or enforceable obligation nor modify any right or obligation in an existing contract.

EACH INDIVIDUAL(S) INTENDING TO ACCESS THE PROPERTY MUST SIGN AND PRINT YOUR NAME TO INDICATE YOUR CERTIFICATION OF ALL OF THE ABOVE:

Print _____ Sign _____

Print _____ Sign _____

Print _____ Sign _____

Print _____ Sign _____

Print _____ Sign _____

Print _____ Sign _____