

HEALTH SCREENING FOR PROPERTY ACCESS

Property Address: 1419 Damon St, Rosenberg, TX 77471 _____ Date of visit: _____, 2023

Seller(s): Gloria Belsha-Shuart _____

Listing Agent(s) Present: Cesar Calderon (not present) _____

Potential Buyer(s) Present: _____

Buyers Agent(s) Present: _____

Other Individual(s) Present: _____ Role* _____

***Inspectors, appraisers, contactors or other transaction service providers.**

Seller authorizes access to the property 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. Has experienced any cold or flu-like symptoms in the previous 14 days (fever, cough, sore throat, respiratory illness, difficulty breathing).
2. Is currently diagnosed with COVID-19 or other viral and or bacterial illness.
3. Has a test pending for COVID-19 or other viral and or bacterial illness.
4. Is currently under quarantine due to COVID-19 concerns or other viral and or bacterial illness.
5. Has had contact in the previous 14 days with someone diagnosed with COVID-19 or other viral and or bacterial illness.
6. Has had contact in the previous 14 days with someone who had contact with someone diagnosed with COVID-19 or other viral and or bacterial illness.
7. Has traveled in the previous 14 days to anywhere designated as having widespread ongoing transmission by the Centers for Disease Control or other viral and or bacterial illness.

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

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

Signature

Printed Name

