

COVID-19 HEALTH SCREENING QUESTIONNAIRE

THE NEW YORK STATE DEPARTMENT OF HEALTH (DOH) RECOMMENDS THAT THIS SCREENING QUESTIONNAIRE BE DONE REMOTELY WHENEVER POSSIBLE

Under the Phase 2 re-opening for real estate, the DOH released "Interim Guidance for Real Estate Services During the COVID-19 Public Health Emergency". Within the document, guidance is provided for screening Sellers/Buyers/Landlords/Tenants prior to showing a property in-person. The purpose of the screening questionnaire is to assist the DOH with tracking and tracing COVID-19 exposure and prevent further outbreaks.

You are being asked to provide your contact information, such that all contacts may be identified, traced and notified in the event an individual is diagnosed with COVID-19

Name:		Da	ate:
Address of property/properties	s being shown:		
Contact information:			
Phone:	Email:		
Below, please check all that a	pply:		
I have knowingly beer anyone who has teste COVID-19	•	oximate contact in the p OVID-19 or who has or	•
I have tested positive for	or COVID-19 in t	he past 14 days	
I have experienced syr	nptoms of COVII	D-19 in the past 14 days	.

In the event you become symptomatic and/or test positive for COVID-19 within 48 hours of the last visit to the property, you must notify the real estate agent immediately so proper tracking and tracing can be completed.