

COVID-19 Screening Questionnaire

Brokerage: Realty Connect USA Long Island Inc

Licensed Associate Broker/Salesperson: _____

Client/Customer Name: _____

Property Address: _____

Please review the three statements below:

- a) I have not 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.
- b) I have not tested positive for COVID-19 in the past 14 days.
- c) I have not experienced any symptoms of COVID-19 in the past 14 days.

By signing below, I affirm that the above statements are true and agree to immediately disclose to Realty Connect USA if I become symptomatic and/or test positive for COVID-19 within 48 hours of the last visit to the property.

Client Signature

Date