Novel Coronavirus (Covid-19)
LISTING (SELLER) BROKERAGE PRE-SHOWING QUESTIONNAIRE

FULL ADDRESS OF SUBJECT PROPERTY: _____

These questions must be answered truthfully and fully and returned before a showing of your property can be permitted, in order to provide the buyers and their agent with the reassurance that your home has been appropriately screened.

This form is only valid for 24 hours.

	SELLER #1	SELLER #2	LISTING AGENT	REAL ESTATE SERVICE PROVIDER
Are you feeling unwell with any of the following symptoms?				
Fever, new cough, difficulty breathing?	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials
Muscle aches, fatigue, headache, sore throat?	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials
Runny nose, or diarrhea?	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials
Have you experienced any of the following?				
Have you traveled outside of Canada in the last 14 days?	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials
If the answer to the previous question is YES, let us know WHERE				
Have you had close contact with a confirmed or probable COVID-19 case?	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials
Have you been in close contact with a person who is sick with respiratory symptoms (for example, fever, cough, or difficulty breathing), and/or someone who recently traveled outside of Canada?	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials

Signed this _____ day of _____, 2020 at _____:_____ ☐ AM ☐ PM.

_____
Name of Listing Brokerage

_____
Listing Agent Name

_____
Listing Agent Signature

Signed this _____ day of _____, 2020 at _____:_____ ☐ AM ☐ PM.

_____
Individual & Company Name of Real Estate Service Provider

_____
Type of Service

_____
Service Provider Signature