Novel Coronavirus (Covid-19)
CO-OPERATING/BUYER AGENT PRE-SHOWING QUESTIONNAIRE

FULL ADDRESS OF SUBJECT PROPERTY: _____

These questions must be answered truthfully and fully and returned to the listing agent/brokerage before the listing brokerage will allow any entry to the premises. **This form is only valid for 24 hours.**

	BUYER #1	BUYER #2	CO-OPERATING/ BUYER 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 Co-operating/Buyer Brokerage

_____
Co-operating/Buyer Agent Name

_____
Co-operating/Buyer Agent Signature

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

_____
Individual & Company Name of Real Estate Service Provider

_____
Type of Service

_____
Service Provider Signature