THUNDER BAY REAL ESTATE BOARD

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COVID-19 Virus Health Disclosure for Property Showings

This declaration is made in connect	tion with my attendance at the propert	ty commonly
known as		
	on	, 2020.
The Listing Brokerage of the proper	rty is:	
represented by	(REALTOR	(®)
1. I,	, will be attending	at the propert
on	_, 2020 in the following capacity:	
(check any that apply):		
	ne property granting permission for it to at the viewing, I regularly occupy the p	
☐ I am a REALTOR® providing a se	ervice to a client, or to a prospective bu	ıyer.
\square I am a member of the public con	templating the purchase or rental of re	eal estate.
\square I am a property inspector, apprai	iser or other real estate advisor.	
☐ Other (provide details):		·
2. I confirm the following statement	ts to be true (check all that apply):	
a. □ I have not been diagnosed wit COVID-19 virus.	ch a lab-confirmed probable or positive	case of the

	. \Box I have not travelled anywhere outside of Ontario, nor have I been in contact with nyone who has travelled outside of Ontario, in the last 14 days.
	. \square I have not experienced any of the following symptoms in the last 14 days: fever, dry ough, shortness of breath, or difficulty breathing.
fo	. I have not knowingly come into contact with anyone experiencing any of the ollowing symptoms in the last 14 days: fever, dry cough, shortness of breath, or ifficulty breathing. If YES, explain:
b	. I have not knowingly come into contact with anyone in the last 14 days who has een diagnosed with a lab-confirmed probable or positive case of the COVID-19 virus. YES, explain:
3	. I acknowledge and agree that:
s [.] a ir	In the event that during the next 14 days I should experience any of the symptoms tated in 2 c. (fever, dry cough, shortness of breath, or difficulty breathing), or learn of ny circumstances that would change my response to any of the above questions I will nmediately inform the Listing Brokerage and Realtor attending the property on your ehalf. Initial here:
p h o w re h	I am aware of the inherent health risks and concerns related to my attendance at the roperty, or my allowing others to attend at the property, and with any contact I may ave with those involved. I am allowing or participating in the viewing of the property f my own free will and accord. I will not hold the occupants of the property, others who attend at the property, the Listing Brokerage or any of their representatives esponsible for any claims, costs, damages, expenses or liability related to any adverse ealth-related consequences arising as a result of allowing or having access to the roperty for the purpose of viewing it. Initial here:

c. The information contained in this declaration will be retained by the Brokerage and y consent to its release in the event the Listing Brokerage considers it necessary for public the product of the Brokerage and y						
reasonable municipal/provincial or federal authority.						
Initial here:						
4. The following statement applies only to the owner or occupant of the property						
granting permission for it to be viewed:						
\Box I am the owner or occupant of the property and am granting permission for it to be						
viewed. No one residing in the property has been diagnosed with a lab-confirmed						
probable or positive case of the COVID-19 virus, and I am not aware that anyone						
residing in the property has, in the last 14 days, experienced any of the following						
symptoms: fever, dry cough, shortness of breath, or difficulty breathing.						
To the best of my knowledge everything contained herein is true, and this declaration						
may be relied upon as having the same force and effect as if made under oath.						
(Signature of Declarant) *						
(Please print name, phone number and contact details):						
Date:, 2020.						

^{*} Please print this declaration, complete it, sign and date it, and then have it scanned and returned to the REALTOR® you received it from. This document may also be signed electronically and the electronic writing of the name of the declarant will be deemed to be their signature.