## **COVID-19 Virus Screening Form**

For the safety of any Realtor, Seller, Buyer, Third Party or Other, Cabin Country Realty Ltd requires the following form to be completed prior to any showings/ viewings of listed properties and properties of interest.

	Signature:arant:	
Declarant:	Signature:	Date:
The undersigned ac Please print name, t	knowledge they have fully read and underst nen sign and date.	tood what they are signing.
and/or accessing the pro- release, discharge, acquorokerages, as well as a any kind, as related to an and accessing the Listed • I acknowledge	current Covid-19 Crisis, I fully understand the potential perty/ properties for the purpose of its sale/rent. I agrit and forgive the Selling Realtor(s), their Brokerage, by third parties from any and all liability, claims, action y health risks or averse health related consequences property/ properties of interest.  That I have been advised by my Realtor to seek Legal to the COVID-19 virus pandemic.	ree to indemnify, save harmless, and Listing Realtor(s) and their n, suits, demands, costs,or expenses of s, arising as a result of allowing access
<ul><li>After signing thi questions, I will</li><li>I further acknow</li></ul>	s declaration, if any circumstances arise that would c immediately inform the Listing Brokerage/ my Realto ledge that the seller and/ or Listing Realtor may decli	r.
Additional comment	S:	
☐ I have not tr☐ I am not cur throat, difficulty nose or nasal c☐ I do not have Coronavirus in☐ ☐ I have not be or difficulty brea	enfirm the following statements to be true.: avelled outside of Canada in the past 14 days. rently feeling unwell. NO fever, dry cough, shortness swallowing, loss of taste or smell, chills, fatigue, mus ongestion in the past 14 days. /tested positive for Coronavirus or come into contact he past 14 days. en in contact with anyone experiencing symptoms o thing, sore throat, difficulty swallowing, loss of taste of e, runny nose or nasal congestion in the past 14 days.	with anyone tested positive for  f fever, dry cough, shortness of breath, or smell, chills, fatigue, muscle aches,
□ I am a buyer □ I am a Realt □ I am a Home	er or occupant of a Listed property, granting permission tenant viewing Listed/ properties of interest or viewing/ showing Listed/ properties of interest Inspector/third party/appraiser accessing properties	ion for access.

Realtor:\_\_\_\_\_\_Date:\_\_\_\_\_