## **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.

Contact info for Declarant:_ (phone or email)			
Declarant:	Signature:	Date:	
Declarant:	Signature:	Date:	
The undersigned acknowled Please print name, then sign	lge they have fully read and unders and date.	stood what they are signing.	
and/or accessing the proper release, discharge, acquit a brokerages, as well as any that any kind, as related to any hand accessing the Listed property.	ty/ properties for the purpose of its nd forgive the Selling Realtor(s), th hird parties from any and all liability lealth risks or averse health related operty/ properties of interest.	rand the potential health risks associated with allow a sale/rent. I agree to indemnify, save harmless, neir Brokerage, and Listing Realtor(s) and their ty, claims, action, suits, demands, costs, or expensed consequences, arising as a result of allowing according to seek Legal advice regarding going forward with the same transfer of the seek Legal advice regarding going forward with the same transfer of t	es of
questions, I will im	mediately inform the Listing Broker	ise that would change my response to the above rage/ my Realtor. ealtor may decline showings at the Sellers respec	tive
Additional comments:_			-
	runny nose or nasal congestion in t		
or difficulty breathi	ng, sore throat, difficulty swallowing	g, loss of taste or smell, chills, fatigue, muscle ach	es,
☐ I have not been	in contact with anyone experienci	ing symptoms of fever, dry cough, shortness of br	eath,
Coronavirus in the	past 14 days.		
☐ I do not have/te	sted positive for Coronavirus or cor	me into contact with anyone tested positive for	
nose or nasal cong	estion in the past 14 days.		
throat, difficulty sw	allowing, loss of taste or smell, chil	lls, fatigue, muscle aches, nausea, pink eye, runny	,
☐ I have not trave	lled outside of Canada in the past		ore
Screening questions: I confi	rm the following statements to be t	true.:	
☐ Other			
☐ I am a Home In:	spector/third party/appraiser access	sing properties	
☐ I am a Realtor v	iewing/ showing Listed/ properties	of interest	
☐ I am a buyer or	tenant viewing Listed/ properties of	f interest	
•	or occupant of a Listed property, gr	ranting permission for access.	
Check the following that app	NV		

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