



COVID-19 | Showing Declaration Form

In the context of COVID-19 disease, the safety and health of all is our priority. This is why we ask property visitors to complete and sign this declaration in order to avoid the risk of contamination. We thank you for your collaboration in this common effort.

LISTING ADDRESS: _____

	BUYER #1	BUYER #2	CO-OPERATING REALTOR®
Are you feeling unwell with any of the following symptoms?			
Fever, new cough, difficulty breathing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Initials:	Initials:	Initials:
Muscle aches, fatigue, headache, sore throat?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Initials:	Initials:	Initials:
Runny nose, or diarrhea?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Initials:	Initials:	Initials:
Have you experienced any of the following?			
Have you travelled outside of Canada in the last 14 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Initials:	Initials:	Initials:
Does someone you are in close contact with have COVID-19 (for example, household or workplace)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Initials:	Initials:	Initials:
Are you in close contact with someone who has recently travelled outside of Canada or someone who is in self-isolation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Initials:	Initials:	Initials:

If you have answered yes to any of the above questions, the listing REALTOR® will review options with the seller and advise next steps.

_____ Buyer 1 Name	_____ Buyer 1 Signature	_____ Date
_____ Buyer 1 Phone Number	_____ Buyer 1 Address	
_____ Buyer 2 Name	_____ Buyer 2 Signature	_____ Date
_____ Buyer 2 Phone Number	_____ Buyer 2 Address	
_____ Buyer's REALTOR® Name	_____ Buyer's REALTOR® Signature	_____ Date
_____ Buyer's REALTOR® Phone Number	_____ Buyer's REALTOR® Address	

Thank you to Royal LePage NRC Realty (St. Catharines) for sharing this important document with us.