

Health Questionnaire Screening Form

for Coronavirus (COVID-19)

The Real Estate Board of New York (REBNY) has put together this Coronavirus (COVID-19) Health Screening Questionnaire Form (the "Form") which shall be distributed to all persons who are attending any in-person property showings and/or meetings with the undersigned real estate licensee (the "Broker"). This Form shall be distributed to all attendees within 24 hours of any scheduled meeting. Please understand that the purpose of this Form is to elicit information to help promote the health and safety of all persons who may be involved in the meeting and/or showing, and that taking precautionary measures to prevent the spread of the Coronavirus (COVID-19) is paramount to those efforts.

The Broker (or any agent of the Broker) may cancel or postpone any in-person showing or meeting without prejudice or penalty upon any indication that a person who is attending the showing or meeting is exhibiting any symptoms of the Coronavirus (COVID-19) or any other cold or flu-like symptoms.

The person signing this Form hereby acknowledges and agrees that: (i) the information requested on this Form is being provided voluntarily, (ii) the information provided on this Form is confidential and is not intended for use outside of determining whether an in-person showing or meeting can occur, (iii) the refusal or failure to answer each question below may result in the cancellation of any scheduled meeting or showing, and that the Broker reserves the absolute right, in their sole discretion, to refuse entry to that person; (iv) if the answer to questions 1-3 is "Yes" that person will not be permitted to attend the in-person showing or meeting; (v) if the answer to question 4 is "Yes" and the answer to question 4a is "No" that person will not be permitted to attend the in-person showing or meeting; (vi) if the answer to question 5 is "Yes" and the answer to question 5a is "No" that person will not be permitted to attend the in-person showing or meeting; (vii) any person may be asked in the future to execute another Form in connection with a future meeting and/or showing; and (viii) they must notify the real estate licensee listed below if they become symptomatic and/or test positive for COVID-19 within 48 hours of the last visit to the property. The Broker represents that they use and present this Form uniformly and in the same manner for all in-person interactions and meetings and in accordance with all Federal, State and Local Fair Housing Laws.

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CR	REENING QUE	STIONS Please answer	the following 5 questions	: :				
1.	 Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has had symptoms of COVID-19? 		4.	state or country fo		y for	s, have you traveled more than 24 hours to a or which New York State requires a quarantine?	
	YES	NO				123	.,	
2.	Have you tested YES	l positive for COVID-19 in NO	the past 14 days?		a.	tested for to New Yo	ĆOV rk an	quarantined for at least 3 days, been ID-19 on or after the 4th day of returning d received a negative test result? OR have d for 14 days?
3.	Have you experienced any symptoms of COVID-19 in the past 14 days?					YES		NO
	YES	NO		5.	as	In the past 14 days, have you traveled less than 24 hours to a state or country which New York State deems to have a significant degree of community-wide spread of COVID-19?		
						YES	Ν	0
					a.	 a. If yes, did you take a COVID-19 test on or after the 4th day following your arrival and receive a negative test result? 		
						YES		NO
rint Name			Signature					Date
roperty Address			Name of Real Estate Licensee					Name of Brokerage Company

Important Note: This Form should not be construed as offering or providing legal advice in any form. This Form is not intended to replace the reader's need to speak with their own legal counsel regarding the issues presented. All readers should seek independent legal advice prior to instituting any re-entry policies and/or practices.







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