



Office: (907)707-1235
www.CRConsultLLC.com

COVID-19 Health Questionnaire

In order to reduce the risk of spreading the COVID-19 Virus, please answer the questions below:

1. I have not had a fever at some point in the past 14 days
TRUE FALSE
2. I have not had a cough and/or experienced difficulty breathing or shortness of breath
TRUE FALSE
3. I have not had contact with a person who has a confirmed case of COVID-19
TRUE FALSE
4. I have not traveled outside of Alaska in the past 14 days
TRUE FALSE
5. I have not tested positive for COVID-19 *
TRUE FALSE

- A) *If you suspect that you may test positive for Covid-19 and are waiting for test result, please do not physically view property*
- B) *If you have tested positive for Covid-19, have fully recovered and been released by your Health Practitioner, you may physically view property*

If you have answered **FALSE** to any of the statements, and except for asterisk (B) above, please do not enter this property today. If your health condition changes, you are required to notify your licensee immediately and complete a new Health Questionnaire. Thank you for your cooperation.

Buyer Lessee _____ Signature _____ Date _____
(Print Name)

Brokerage _____ Licensee _____ Date _____

Seller Lessor _____ Signature _____ Date _____
(Print Name)

Brokerage _____ Licensee _____ Date _____

Service Provider _____ Occupation _____
(Print Name) le: Inspector, contractor, appraiser, stager, photographer

Signature _____ Date _____

NOTE: This form is a SINGLE party form. Just person of interest needs to sign. Please select the appropriate box. I.e: Buyer only, Seller only, Lessee only, Lessor only, Service Provider only.