



Office: (907)707-1235  
[www.CRConsultLLC.com](http://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. le: Buyer only, Seller only, Lessee only, Lessor only, Service Provider only.