

4 South Main Street  Pittsford New York 14534

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COVID – 19 SCREENING QUESTIONNAIRE

ALL BUYERS/LESSEES/SELLERS /LESSORS/COOPERATING AGENTS:

Please fill in and sign below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City St Zip Phone number

**YES NO** 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?

**YES NO** Have you personally tested positive for COVID-19 in the past 14

Days?

**YES NO** Have you experienced any symptoms of COVID-19 in the past 14 days?

**YES NO** **(For Sellers/Lessors):** You understand that as SELLER or LESSOR will be required to disclose if you become symptomatic and/or test positive for COVID-19 within 48 hours of the last visit to your property.

**YES NO** (**For Buyers/Lessees)** You understand that as BUYER OR LESSEE you will be required to disclose if you become symptomatic and/or test positive for COVID-19 within 48 hours of the last visit to a property.

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Signature Date