

COVID-19 HEALTH SCREENING & TRAVEL ADVISORY QUESTIONNAIRE

THE NEW YORK STATE DEPARTMENT OF HEALTH (DOH) RECOMMENDS THAT THIS SCREENING QUESTIONNAIRE BE DONE REMOTELY WHENEVER POSSIBLE

As part of the phased re-opening for real estate, the DOH released "Interim Guidance for Real Estate Services During the COVID-19 Public Health Emergency". Within the document, guidance is provided for screening Sellers/Buyers/Landlords/Tenants prior to showing a property in-person. The purpose of the screening questionnaire is to assist the DOH with tracking and tracing COVID-19 exposure and prevent further outbreaks.

Individuals traveling to NY from a non-contiguous state or CDC Level 2 or higher health notice country are subject to a 10-day quarantine but will have the ability to shorten the quarantine requirement by "testing out" through two negative COVID tests. Information on requirements for "testing out" can be found here: https://coronavirus.health.ny.gov/covid-19-travel-advisory

You are being asked to provide your contact information, such that all contacts may be identified, traced and notified in the event an individual is diagnosed with COVID-19

Name:		Date:
Property Address	peing shown:	
Phone:	Email:	
Below, please che	ck all that apply to you:	
	nowingly been in close or proximate of sted positive for COVID-19 or who has	contact in the past 14 days with anyone s or had symptoms of COVID-19
have you to	ested positive for COVID-19 in the pas	t 14 days
have you e	xperienced any symptoms of COVID-1	19 in the past 14 days
have you tr	avelled from a non-contiguous state (I	f yes answer below)
	pleted the mandatory 10-day quaranti	ne or met the requirements to "test out"

In the event you become symptomatic and/or test positive for COVID-19 within 48 hours of the last visit to the property, you must notify the real estate agent immediately so proper tracking and tracing can be completed.