MaxWell Challenge Realty

Novel Coronavirus (Covid-19)
COOPERATING AGENT PRE-SHOWING QUESTIONNAIRE

These questions must be answered truthfully and fully and returned to the listing agent/brokerage before the listing brokerage will confirm any showing appointment.

This form is only valid for 24 hours.

MLS® #: _____

Name of Buyer #1: _____

Date of Showing: _____

Name of Buyer #2: _____

	BUYER #1	BUYER #2	CO-OPERATING BROKER
Are you feeling unwell with any of the following symptoms?			
Fever, new cough, difficulty breathing?	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials
Muscle aches, fatigue, headache, sore throat?	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials
Runny nose, or diarrhea?	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials
Have you experienced any of the following?			
Have you traveled outside of Canada in the last 14 days?	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials
If the answer to the previous question is YES, let us know WHERE			
Does someone you are in close contact with have COVID-19 (for example, someone in your household or workplace?)	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials
Are you in close contact with a person who is sick with respiratory symptoms (for example, fever, cough, or difficulty breathing) who recently traveled outside of Canada?	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials
Have you tested positive for COVID-19 and recovered?	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials	☐ Yes ☐ No ○ Initials

Signed this _____ day of _____, 2020 at _____:_____ ☐ AM ☐ PM.

Name of Co-operating Brokerage: _____

_____ Co-operating Agent Name

_____ Co-operating Agent Signature