

COVID-19 HEALTH AND SAFETY ACKNOWLEDGMENT

COVID-HSA

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of Realtors® (PAR).

1 **BROKER (Company)** _____

2 **LICENSEE(S)** _____

3 **PROPERTY** _____

4 **1.** It is recommended that real estate activities take place remotely if possible; however, a physical visit to the Property may be needed.
5 Should an in-person appointment be required, Centers for Disease Control (CDC) and Department of Health (DOH) guidance should
6 be followed to minimize the spread of COVID-19 (coronavirus). All parties will use their best efforts and judgment to minimize the
7 health risk to themselves and to each other, and to all occupants of the Property being entered.

8 (A) A separate acknowledgment should be completed by the seller/owner and any occupants prior to allowing visitors to physically
9 access the Property.

10 (B) Each visitor should complete a separate acknowledgment form, unless the visitors are members of the same household and would
11 provide identical responses to the affirmations in Paragraph 2.

12 (C) An acknowledgment should be completed and provided to each participant in the transaction within the 24-hour period preceding
13 the visit.

14 **2.** When the Property is accessed in-person, there is an unavoidable health risk posed because of the nature of COVID-19 and contact
15 with or proximity to persons or things exposed to the virus.

16 (A) To help protect the health and safety of those who will be physically present at the Property, read and respond to the following:

17 1. In the past 14 days, signer or a member of signer's household has been diagnosed with COVID-19. Yes No

18 2. In the past 14 days, signer or a member of signer's household has knowingly had contact with a person
19 diagnosed with, or in the process of being tested for, COVID-19. Yes No

20 3. In the past 14 days, signer or a member of signer's household has traveled internationally, been on a cruise,
21 or been to any domestic location subject to a CDC travel advisory. Yes No

22 4. In the past 72 hours, signer or a member of signer's household has had a fever over 100.4° F. Yes No

23 5. In the past 72 hours, signer or a member of signer's household has experienced coughing, shortness of
24 breath or other recognized symptoms of COVID-19. Yes No

25 (B) Explain any "yes" answers (optional): _____
26 _____
27 _____

28 (C) If signer answers "yes" to any of the above, property access should be denied unless both seller/owner and visitor provide in-
29 formed consent prior to property access.

30 **3.** Signer's role in the transaction:
31 potential buyer/tenant seller/owner service provider _____

32 real estate licensee occupant other _____

33 Visitor's purpose in physically visiting the Property is: _____
34 _____

35 _____

36 Date and time of the visitor's access to the Property: _____

37 **SIGNATURE** _____ **DATE** _____

38 Printed Name _____

39 **SIGNATURE** _____ **DATE** _____

40 Printed Name _____

ACKNOWLEDGMENT OF RECEIPT					
Initial and date to confirm receipt of signed Health and Safety Acknowledgment					
OWNER	DATE	TIME	VISITOR	DATE	TIME
OWNER	DATE	TIME	VISITOR	DATE	TIME
OWNER	DATE	TIME	VISITOR	DATE	TIME