

Coronavirus declaration

The health and well-being of everyone is a priority. In order to limit exposure to the risks associated with COVID-19, certain control measures are required.

For this purpose, we ask you to complete this questionnaire because we may be obliged to delay any contact with any person representing a health risk.

Thank you for your cooperation.

Name:	Date and time:
Name of the organization:	Name of the person visited:
Phone number to reach you:	City:

Please answer the following questions:

Voluntary declaration

1	Have you travelled outside of Canada in the past 14 days? Yes _____ No _____
2	Have you been in contact, in the past 14 days, with a person infected with COVID-19 or in isolation for symptoms of COVID-19? Yes _____ No _____
3	Have you had cold or flu symptoms in the past 14 days? (Fever, cough, sore throat, difficulty breathing) Yes _____ No _____

IMPORTANT! The information contained in this form may be shared with third parties as part of the professional services related to the real estate transaction and you consent to this transmission of information.

Signature: _____

Date: _____ 2020.

We invite you to apply the [preventive hygiene measures implemented by the Public Health Agency of Canada](#).