**COVID19 Declaration Form**

**Private Inspections**

We are committed to protecting the health and safety of everyone who attends our property inspections. Please answer these questions truthfully.

|  |  |
| --- | --- |
| Have you or anyone in your household been in contact with someone with suspected coronavirus (COVID19) in the last 14 days? | **Yes / No** |
| Have you or anyone in your household visited a Tier 1 or Tier 2 site in the last 14 days? | **Yes / No** |
| Do you or anyone in your household have any of the following symptoms: fever, chills, cough, sore throat, shortness of breath runny nose, loss of smell or loss of taste or have you experienced one or several of these in the past 14 days? | **Yes / No** |
| Are you or anyone in your household currently required to self-isolate for any reason? | **Yes / No** |

**If you have answered Yes to any of the questions above, please call us to reschedule your appointment for a later date.**

Your personal information will remain confidential.

# Declaration:

I/We (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of (home address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contactable on (contact #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_

# I declare that I have answered the above questions truthfully and to the best of my knowledge

Signature

Date

  (Insert your logo here)