

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 _____

