**Certification of Compliance COVID-19**

**Real Estate Access Questionnaire**

The health and safety of our clients, customers, and real estate agents is our top priority. To reduce the risk of spreading COVID-19, ***\_\_\_\_\_\_(company name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***is requiring this form to be completed EVERY TIME anyone accesses a property we have listed for sale or with whom we are working as a buyer-client. This shall include all sellers, buyers, real estate agents, inspectors, appraisers, contractors, and members of the public.

1. I certify that (please circle one):
   1. I am a critical worker as defined by the State of Vermont; ***OR***
   2. I have not left the state of Vermont for any reason except essential travel in the past 14 days; ***OR***
2. I reside in a county with fewer than 400 active COVID-19 cases per million, as set forth on the Vermont Agency of Commerce and Community Development website at <https://accd.vermont.gov/covid-19/restart/cross-state-travel> and did not travel to Vermont by air or bus; ***OR***
3. I have traveled to Vermont from another state, and I traveled directly from my home in my personal vehicle, and I have completed a 14-day self-quarantine (or a 7-day self-quarantine followed by a negative test result) *in that state*; ***OR***
4. If you have recently traveled to Vermont to either sell or purchase a house, have you completed a quarantine in compliance with the Vermont Department of Health guidance?  YES NO
5. Are you a non-Vermont resident buyer who has a property under contract for purchase with a fully-signed and accepted Purchase and Sale Contract and are you traveling to see that property? YES NO
6. I also certify that I have not had close contact within the past 14 days with a person confirmed to have COVID-19.
7. I also certify that I do not currently, and have not had in the past 24 hours, any of the following symptoms:

* Cough;
* Difficulty breathing;
* Chills;
* Repeated shaking with chills;
* Muscle pain;
* Headache;
* Sore throat;
* New loss of taste or smell.
* Fever (feeling feverish or have a measured temperature at or above 100.4°F/38°C);
* Used a fever reducer (in the past 24 hours, have you used any medicine that reduces fevers?);

***\* For information related to completing this form, visit:*** : <https://accd.vermont.gov/covid-19/restart/cross-state-travel>

I certify that I have answered the questions above truthfully and to the best of my knowledge. I am aware of the potential risks associated with viewing/showing the real property located at (property address) and hold (Company name) including its owners, employees, agents, and any affiliated companies harmless and release them from any and all claims, actions, complaints or the like related to any exposure to COVID-19.

I (print name) I have read and understand this entire Certificate of Compliance and make the above certifications under the pains and penalties of perjury.

Signature Date

***If you have any questions or concerns, please contact at (Insert Company Safety Officer name and contact information above)***