

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)** Long & Foster Real Estate, Inc.

2 **LICENSEE(S)** _____

3 **PROPERTY** _____

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

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

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

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

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

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

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

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

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

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

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

(B) Explain any "yes" answers (optional): _____

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

303. Signer's role in the transaction:
 potential buyer/tenant seller/owner service provider _____
 real estate licensee occupant other _____

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

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	_____
OWNER	_____	DATE	_____	TIME	_____
OWNER	_____	DATE	_____	TIME	_____
VISITOR	_____	DATE	_____	TIME	_____
VISITOR	_____	DATE	_____	TIME	_____
VISITOR	_____	DATE	_____	TIME	_____

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THIS FORM IS TO BE USED ONLY WHERE IN-PERSON REAL ESTATE ACTIVITY IS PERMITTED BY LAW OR APPLICABLE AUTHORITY

1. NOTICE TO PERSONS ENTERING ANY PROPERTY

- (A) While aspects of real estate can be conducted remotely... (B) When properties are accessed in-person... (C) All parties should comply with the most current version of the Centers for Disease Control (CDC) and/or Department of Health (DOH) guidelines... (D) The property owner may provide additional instructions to visitors...

2. HEALTH AND SAFETY REPRESENTATIONS

Any occupants and potential visitors should provide each other with current health information regarding possible exposure to, or risk factors for, COVID-19, using PAR Form HSA or a similar form.

3. ASSUMPTION OF RISK

By conducting in-person real estate activities during the COVID-19 pandemic, all persons fully assume any and all risks that result from entering properties for sale or lease, as applicable, including but not limited to risks arising during showings, inspections and all other in-person access.

SIGNATURE _____ DATE _____

Printed Name _____
[] seller [] potential buyer/tenant [] real estate licensee [] occupant
[] service provider () [] other _____

SIGNATURE _____ DATE _____

Printed Name _____
[] seller [] potential buyer/tenant [] real estate licensee [] occupant
[] service provider () [] other _____

SIGNATURE _____ DATE _____

Printed Name _____
[] seller [] potential buyer/tenant [] real estate licensee [] occupant
[] service provider () [] other _____

SIGNATURE _____ DATE _____

Printed Name _____
[] seller [] potential buyer/tenant [] real estate licensee [] occupant
[] service provider () [] other _____