



MARTINO
REALTY GROUP

Screening/Log Form

Date: _____

Time of Showing: _____

- 1) In order to be in compliance with CDC guidelines, it our policy for all clients/customers receive screening for signs and symptoms of Flu and/or other viruses. Do you have any of the following:
 1. Fever/ Flu like symptoms Yes/ No
 2. Cough/ congestion Yes/ No
 3. Shortness of breath Yes/ No

- 2) Is anyone in your household ill or has any of the above signs and symptoms? Yes/ No

- 3) In the last 14 days, have you had DIRECT contact with someone with a confirmed diagnosis of COVID-19, or is under investigation for ACTIVE COVID-19 Yes/ No

- 4) Travel within the last 14 day or reside in a community with known outbreak?
Yes/ No

- 5) Do you currently work in a home, hospital, facility or location with a known case of Coronavirus?
Yes / No

If any of the above question is answered yes, you may be refused access to properties.

Client Name Print

Client/Customer Signature

Date

Agent Signature

Date