

COVID-19 Virus Health Disclosure for Property Showings

	ection with my attendance at the property on
, 2021.	
he Listing Brokerage of the property is:	represented by
(F	REALTOR®)
I. I <u>,</u>	, will be attending at the property on
, 2021 in the	following capacity (check all that apply):
I am the owner or occupant of the property granting at the viewing, I regularly occupy the property.	g permission for it to be viewed, and although I may not be present
I am a REALTOR® providing a service to a client, o	r to a prospective buyer.
I am a member of the public contemplating the pure	chase or rental of real estate.
I am a property inspector, appraiser or other real e	estate advisor.
Other (provide details):	
2. I confirm the following statements to be true (chec	ck all that apply):
diagnosed with a lab-confirmed probable	probable or positive case of the COVID-19 virus, or if I have been or positive case of the Covid19 virus, in accordance with Provincial ast ten (10) days, and have received confirmation from a qualified quired to isolate.
jurisdiction designated under Phase 3 of the	of Manitoba unless such travel was only within a western Canadian e Manitoba Restoring Safe Services Plan (British Columbia, Alberta, n, Nunavut, or west of Terrace Bay in Northwestern Ontario) and I 29, 2021.
jurisdiction unless such travel was only withi Manitoba Restoring Safe Services Plan (Bri	ne who travelled into Manitoba in the last 14 days from another in a western Canadian jurisdiction designated under Phase 3 of the tish Columbia, Alberta, Saskatchewan, Northwest Territories, Yukon, estern Ontario) and the individual returned from such travel prior to
d. I do not have a new onset or worsening of any symptoms from column "B":	one (1) of the following symptoms from column "A" or any two (2)
Column A Symptoms (one symptom)	<u>Column B Symptoms</u> (two symptoms)
• Fever/chills	Runny nose
• Cough	Muscle aches
Sore throat/hoarse voice	• Fatigue
Difficulty breathing Loss of tests or small	Pink eye (conjunctivitis)

Skin rash of unknown cause

Vomiting or diarrhea for more than 24 hours

		Poor feeding, if an infant	
		Nausea or loss of appetite	
e. In the	last 14 days I have not knowingly come into commonly associated with the COVID-19 vi	close contact with anyone who has experienced any rus as set out in 2(d).	of the symptoms
f. I have	confirmed probable or positive case of the individual having self-isolated after their	erson in the last 14 days who was previously diagrate COVID-19 virus, unless the close contact occurred diagnosis for a period of no less than 10 day official that they are no longer required to isolate.	ed following the
l acknowle	edge and agree that:		
g.		should experience any of the symptoms as set out i response to any of the above questions I will immed	
h.	others to attend at the property, and wit participating in the viewing of the property property, others who attend at the propert	concerns related to my attendance at the property th any contact I may have with those involved. I y of my own free will and accord. I will not hold the ty, the Listing Brokerage or any of their representa- liability related to any adverse health-related consti- the property for the purpose of viewing it.	am allowing or occupants of the tives responsible
i.	eight weeks. In the event the Listing Broker	on may be retained by the Listing Brokerage for a rage considers it necessary for public health purpos erein to any health authorities or anyone else, they	es to release this
3. The followiewed		or occupant of the property granting permission	or it to be
□Iam	property has been diagnosed with a lab-co not self-isolated after their diagnosis for a qualified public health official that they a	am granting permission for it to be viewed. No or onfirmed probable or positive case of the COVID-1 period of no less than 10 days and received contre no longer required to isolate and I am not aw days, experienced any of the symptoms commonly	19 virus, who has firmation from a are that anyone
	of my knowledge everything contained he orce and effect as if made under oath.	erein is true, and this declaration may be relied u	oon as having
(Signature	of Declarant) *		
(Please pri	nt name, phone number and contact details	<u> </u>	
Date:	, 2021.		

^{*} Please print this declaration, complete it, sign and date it, and then have it scanned and returned to the REALTOR® you received it from. This document may also be signed electronically and the electronic writing of the name of the declarant will be deemed to be their signature.