



Client Health Screening Questionnaire

As concern over the novel coronavirus (COVID-19) continues to grow, the land title industry is instituting new temporary recommendations and guidance for sellers, buyers, borrowers, and other parties to real estate transactions to help reduce the risk of exposure.

Please complete and sign this screening questionnaire and submit it to us within 24-hours prior to the closing. Your participation is essential to help us take precautionary measures to protect you and everyone in this setting.

Party Name

Mobile/Home Phone Number

SELF-DECLARATION

If the answer is "yes" to any of the following questions, Notary services will be denied.

Have you or household family members returned from international travel or traveled on a cruise ship within the last 14 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you or household family members resided with or had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you or household family members traveled domestically within the United States where COVID-19 has sustained widespread community transmission?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you or household family members been asked to self-quarantine by any doctor, hospital, or health agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you or household family members been diagnosed with or have had contact with anyone who has been diagnosed with COVID-19?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you or household family members experienced any cold or flu-like symptoms in the last 14 days (fever, cough, sore throat, respiratory illness, difficulty breathing)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Party Signature

Date

TO BE COMPLETED BY
CLOSING OFFICE

Access to Office (circle one):

Approved

Denied