

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)** _____
2 **LICENSEE(S)** _____
3 **PROPERTY** _____

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

- 8 (A) A separate acknowledgment should be completed by the seller/owner and any occupants prior to allowing visitors to physically
9 access the Property.
10 (B) Each visitor should complete a separate acknowledgment form, unless the visitors are members of the same household and would
11 provide identical responses to the affirmations in Paragraph 2.
12 (C) An acknowledgment should be completed and provided to each participant in the transaction within the 24-hour period preceding
13 the visit.

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

- 16 (A) To help protect the health and safety of those who will be physically present at the Property, read and respond to the following:
17 1. In the past 14 days, signer or a member of signer's household has been diagnosed with COVID-19. Yes No
18 2. In the past 14 days, signer or a member of signer's household has knowingly had contact with a person
19 diagnosed with, or in the process of being tested for, COVID-19. Yes No
20 3. In the past 14 days, signer or a member of signer's household has traveled internationally, been on a cruise,
21 or been to any domestic location subject to a CDC travel advisory. Yes No
22 4. In the past 72 hours, signer or a member of signer's household has had a fever over 100.4° F. Yes No
23 5. In the past 72 hours, signer or a member of signer's household has experienced coughing, shortness of
24 breath or other recognized symptoms of COVID-19. Yes No

25 (B) Explain any "yes" answers (optional): _____
26 _____
27 _____

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

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

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

36 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						
43	OWNER	DATE	TIME	VISITOR	DATE	TIME
44	_____	_____	_____	_____	_____	_____
45	OWNER	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, elements of a transaction require limited in-person activities. All parties should attempt to perform activities remotely without contact when possible.
(B) When properties are accessed in-person, there is an unavoidable health risk because of the nature of COVID-19 and contact with or proximity to persons or things exposed to the virus. All parties should use their best efforts and judgment to minimize the health risk to themselves and to each other, and to all occupants of the properties being entered.
(C) All parties should comply with the most current version of the Centers for Disease Control (CDC) and/or Department of Health (DOH) guidelines and not encourage others to violate any applicable laws, orders, or guidance, or otherwise compromise the health or safety of the property owner, occupants of the property, or others.
(D) The property owner may provide additional instructions to visitors, including real estate-related service providers, as a condition of their visit.

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. SELLER, LANDLORD, BUYER, TENANT, ALL BROKERS, their LICENSEES, EMPLOYEES and any OFFICER or PARTNER of any one of them and any other PERSON, FIRM or CORPORATION who may be liable by or through them, will not be liable for claims, losses or demands, including, but not limited to, personal injury and property damage and all of the consequences thereof, whether known or not, which may arise from the physical presence of people on the property.

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

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