

VELOCITY TITLE
MOVING YOU FORWARD



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COVID-19 HEALTH QUESTIONNAIRE

Consistent with guidelines set out by the Centers for Disease Control (“CDC”) Velocity Title has this brief Health Questionnaire to be used in the event of an in-home or remote real estate settlement. This Questionnaire helps us to play our part in reducing the risks of spreading COVID-19.

1. HAVE YOU RECENTLY RETURNED FROM A TRIP OUT OF THE US WITHIN THE LAST 21 DAYS? YES _____, NO _____.
2. HAVE YOU OR ANYONE IN YOUR HOME OR WORKPLACE HAD CLOSE CONTACT WITH ANY PERSON DIAGNOSED WITH OR POSSIBLY INFECTED BY COVID-19 WITHIN THE LAST 21 DAYS? YES _____, NO _____.
3. HAVE YOU OR ANYONE IN YOUR HOME EXPERIENCED ANY COLD OR FLU-LIKE SYMPTOMS IN THE LAST 21 DAYS? YES _____, NO _____. (COLD OR FLU-LIKE SYMPTOMS INCLUDE BUT NOT LIMITED TO FEVER, COUGH, SORE THROAT, ILLNESS, DIFFICULTY BREATHING, ETC.).

DATE: _____

Signatures:
