

# Broker Confirmation Form

Property Address: \_\_\_\_\_

By signing below, I confirm that I have reviewed the 4-question Health Questionnaire with each party that accompanied me to the above-identified property, and that the only parties who entered the house passed the Health Questionnaire (i.e., answered “No” to all four of the questions).

\_\_\_\_\_  
Agent Name & Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Brokerage Name

*A copy of this form must be forwarded to the Listing Agent 2 hours prior to showing the property; this can be sent as a scan, photo or via electronic signature.*

Thank you for your cooperation.

