



Visitor Health Screening Questionnaire

As concern over the COVID-19 coronavirus continues to grow, the mortgage finance industry and the National Notary Association is instituting new temporary recommendations and guidance for both Signing Agents and signers/borrowers to reduce the risk of exposure.

Please complete and sign this screening questionnaire and submit it to your contracting party before this signing assignment. Your participation is essential to help us take precautionary measures to protect you and everyone in this setting.

BORROWER'S NAME

BORROWER'S MOBILE/HOME PHONE NUMBER

CONTRACTING COMPANY

SIGNING APPOINTMENT ADDRESS

SELF-DECLARATION BY BORROWER

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 within the last 14 days? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you or household family members 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 experienced any cold or flu-like symptoms in the last 14 days (fever, cough, sore throat, respiratory illness, difficulting breathing)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

BORROWER SIGNATURE

DATE

TO BE COMPLETED BY
CONTRACTING COMPANY

Access to setting (circle one):

Approved

Denied