



COVID-19 VIEWEE QUESTIONNAIRE

The safety of our Property Manager (Debra Chappelow), suppliers, contractors, viewees, families and friends remains Tintagel Property Co Ltd's and SMC Properties' overriding priority.

As the Coronavirus disease 2019 (COVID-19) outbreak continues we also continue to monitor the situation closely and make adjustments or recommendations based on the same from the Centres for Disease Control and Prevention (CDC) and the World Health Organisation (WHO).

We have applied our own measures to prevent the spread of this disease. To this end, prior to and after viewings have taken place, all surfaces likely to have been touched at the available property are cleaned down with a new cloth and Dettol solution. Our Property Manager will be using a hand sanitiser before and after viewings and wearing a face shield during viewings. Social distancing will be maintained during viewings, and viewees are asked to also wear a face shield (not mask) if possible and minimise the amount of surfaces they touch during the viewing. A maximum of two viewees only at any one time will be allowed. Please do not bring children with you.

Before we will allow you to view the property, we require each person attending a viewing to complete, sign and return this questionnaire either by scanning and Emailing to smcproperties@virginmedia.com or sending via WhatsApp or text to 07833444610.

Property to be viewed:	
Viewee Name (First Name and Surname)	
Mobile Number:	
Email Address:	
Current Address including Postcode:	
SELF-DECLARATION BY VIEWEE <i>Please tick the appropriate answer</i>	
1.	Have you returned from any Country outside England, Scotland, Wales or Northern Ireland within the last 14 days?
	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2.	Have you been in close contact with anyone who has travelled within the last 14 days to a Country outside England, Scotland, Wales or Northern Ireland?
	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3.	Have you 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"/>
4.	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing or loss of taste or smell)?
	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

If the answer is "Yes" to any of the questions, we regret we will not allow you to view the property.

Signature (viewee): _____ Date: _____

The information collected on this form will be used to determine your access to our property.