

Medical Office Lease Exit Condition Report

General Information

Tenant Name

Landlord Name

Premises Address

Lease Start Date

Lease End Date

Date of Inspection

Condition Checklist

Area/Item	Condition Upon Exit	Notes/Required Actions
Reception Area		
Offices/Consult Rooms		
Restrooms		
Waiting Room		
Flooring		
Lighting		
Walls & Paint		
Ceilings		
Cabinets/Fixtures		
Medical Equipment Removed		
Waste Disposal (Sharps/Biohazard)		
Keys Returned		
Other		

Additional Comments

Signatures

Tenant Signature

Landlord/Agent Signature

Date

Date