YOUR HEALTH IS OUR #1 PRIORITY

Here are the actions we are taking:

- Asking employees and customers to wear a mask covering their nose and mouth
- Using shields or barriers between customers and clerks at service counters
- Providing personal protective equipment for employees, including gloves
- Maintaining the six-foot physical distancing requirements for employees and patrons
- Operating business at a reduced occupancy
- Refraining from physical contact and limit shared tools or spaces
- Scheduling specific hours of operation for vulnerable populations
- Making hand sanitizer, disinfecting wipes, or soap and water readily available to employees and customers
- Requiring hand washing and sanitation by employees
- Screening the health of our suppliers, employees, and customers
- Screening workers for fever (over 100.4 degrees), cough, or shortness of breath
- Disinfecting common areas regularly including high-touch surfaces
- Providing disinfectant and sanitation products for workers to clean their workspace and equipment
- Implementing teleworking, virtual meetings, and staggered shifts where possible
- Encouraging high-risk individuals to stay home
- Requiring workers who exhibit symptoms or illness to stay home or seek medical attention
- Limiting non-essential business travel
- Curtailing business travel to high-infection areas
- Disouraging large gatherings
STANDARDIZED
EMPLOYEE SCREENING
QUESTIONNAIRE

If you answer “yes” to any of the following questions, please contact HR about reasonable accommodations or alternative work options.

To be asked upon return to work:

☐ Do you have anyone in your home/ have you interacted with anyone that is at a higher risk for contraction? (nurses, essential workers, etc.)

☐ Do you have anyone in your home that could be more susceptible to contracting COVID-19?

To be asked daily:

☐ Have you had a fever, cough, shortness of breath, difficulty breathing, chills, muscle pain, sore throat, or new loss of taste or smell that cannot be attributed to another health condition in the past 2-14 days?*

To be asked weekly:

☐ Have you had contact with a person known to be infected, potentially infected, or exposed to someone infected with COVID-19 within the previous 14 days?

☐ Have you or someone you’ve been in contact with traveled domestically or internationally in the last 14 days?

☐ Have you or someone you’ve been in contact with attended a gathering where proper social distancing protocol was not followed in the past 14 days?*

Please acknowledge the following upon arrival:

☐ I certify I will follow my employer’s COVID-19 policy.

☐ I certify that all answers are true and correct to the best of my knowledge.

* Definitions represent CDC-designated guidance and symptoms of COVID-19 at the time of drafting. For the most current list of symptoms and guidance please consult the CDC’s website.

This questionnaire is meant as a recommendation and should not represent a dispositive indication of an employee’s exposure risk. While we tried to be comprehensive, we make no representations or warranties regarding the completeness of these materials in complying with your state and local laws.

Please consult the Center for Disease Control (CDC), U.S. Equal Employment Opportunity Commission (EEOC), and appropriate authority in your jurisdiction’s applicable guidance. The U.S. Chamber of Commerce cannot ensure safety and disclaims all liability arising from use of these materials.

U.S. CHAMBER OF COMMERCE