



COVID-19 Standard Questionnaire

Corporate/Parent Company Name _____

Insured Name _____

Insured Address _____

City _____ State _____ Zip _____

Staff

Yes

No

Does the insured have any pre-shift screening precautions in place where all staff are screened for signs of infection, including having their temperature taken?

If they have a temperature or symptoms of a respiratory infection, are they instructed to stop working and sent home?

Before they report to work, are all staff asked the following questions:

Have they traveled within the last 14 days to restricted countries or other restricted areas?

Have they had any signs or symptoms of a respiratory infection within the last 14 days – fever, cough, or sore throat?

Have they ever had a close contact, as defined by the CDC, with someone infected by or under investigation for COVID-19?

If they answer yes to any of the above, are they instructed to not report to work?

If they develop symptoms of a respiratory infection while working, are they instructed to stop working and sent home?

Environmental

Yes

No

Does the insured document environmental controls being employed, including the date these controls were completed?

Has the insured reviewed and implemented the CDC recommendations for infection control and 'frequently asked questions' on infection prevention and control?

Are employees required to wear masks when social distancing guidelines cannot be followed?

Is alcohol-based hand sanitizer (*with minimum of 50% of alcohol content*) available and accessible for everyone to utilize?

Does the insured utilize signage for infection prevention – which includes but is not limited to: Hand Hygiene, Cough Etiquette, etc.?

Has the insured reviewed and implemented the CDC's everyday preventative actions to prevent the spread of respiratory disease?

Has the insured been made aware of any confirmed or suspected cases of COVID-19 among their employees?

Client/Customer (if applicable)

Yes

No

Are all clients/customers screened by being asked to answer the following questions:

Has the client/customer traveled within the last 14 days to restricted countries or other restricted areas?

If yes, is the client/customer refused admission to the premises?

Does the client/customer have signs or symptoms of a respiratory infection – elevated temperature, cough, sore throat?

If yes, is the client/customer refused admission to the premises?

Has the client/customer had contact with someone infected by or under investigation for COVID-19?

If yes, is the client/customer refused admission to the premises?

Does the building limit access to only individuals needing entry in accordance with CDC guidance?

Signature _____ **Title** _____ **Date** _____