Contractors COVID-19 Acknowledgment Form

Instructions: The sponsor completes this form with the contractor and discusses UMB’s health and safety requirements prior to or immediately upon arrival of the (first) visit. Once it has been completed, maintain this form their records.

**Step 1: Complete Contractor Information**

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| --- | --- |
| Name: | Start date: Click or tap to enter a date.  End date (if known): Click or tap to enter a date. |
| The Contractor’s Primary Location: | The Purpose of the Work: |
| My contractor requires the following special accommodations:  *Contractors with disabilities may request reasonable accommodations during their work on campus. The Sponsor is responsible for coordinating requests. For workplace accommodations, Sponsors should contact Sheila Blackshear, Diversity, ADA and Affirmative Action Administrator.* | |
| Contractor Signature: | |

**Step 2: Determine Contractor Health and Safety Requirements**

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| --- | --- |
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| [Face Covering Policy](https://www.umaryland.edu/president/letters-to-the-umb-community/umb-updated-face-covering-policy.php) | Required |
| [Testing Requirement](https://www.umaryland.edu/coronavirus/testing-hygiene-and-health/) | Not Required |
| Contractor Health System Monitoring Process | Required |
| Acknowledgment Form | Required |
| Review COVID-19 Contractors Guidance | Required |

**Step 3: Obtain Acknowledgments**

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| --- | --- | --- | --- |
| 1. | ☐ Yes ☐ No | | The sponsor has communicated UMB’s health and safety requirements through email or check-in process. |
| 2. | ☐ Yes ☐ No | | The contractor acknowledges and agrees to follow UMB’s health and safety requirements, to include: |
|  | | | * Wearing a face covering inside UMB buildings and outside, consistent with policy |
| * Practicing good hygiene – washing hands frequently, covering your cough and sneeze |
| * Maintaining physical distancing |
| * Rescheduling or reassigning the work if a contractor is sick, experiencing flu-like symptoms, or has been exposed or have been diagnosed with COVID-19 in the last 14 days. |
| 3. | | ☐ Yes ☐ No | The contractor has a health symptom monitoring process |
| 4. | | ☐ Yes ☐ No | The contractor acknowledges they must notify UMB of any positive COVID-19 cases among individuals working on UMB’s campus. |

**-SAVE THIS FORM FOR YOUR RECORDS-**