



COVID-19 Mitigation Procedure Vendor Screening Form

Westgate Resorts' top priority is the health and safety of our vendor partners, guests, and team members. We take this very seriously and appreciate the steps you have taken to help slow the spread of COVID-19 while providing critical services. Per the April 3, 2020 recommendation by the Centers for Disease Control and Prevention ("CDC") regarding the use of face coverings to slow the spread of COVID-19, we **strongly encourage** you to adopt this practice as soon as possible. We strongly encourage that our vendors adopt the recommended practices listed below as well:

1. Avoid touching your eyes, nose and mouth.
2. Wear a cloth face covering. For more information, please go to www.cdc.gov/coronavirus/2019-ncov
3. Before touching or adjusting your mask, thoroughly wash your hands often with soap and warm water for at least 20 seconds.
4. If soap and water are not available, use hand sanitizer.
5. Cough or sneeze into the crook of your elbow.
6. Wear all Personal Protective Equipment (PPE) required by your trade.
7. Only one person per man-lift or elevator.
8. Keep windows and doors open when possible.
9. Clean commonly used tools several times per day.
10. Maintain at least six feet of distance from other people whenever possible.

DO NOT COME TO A WESTGATE PROPERTY if you have a fever, cough, shortness of breath or other cold and flu-like symptoms, and **immediately contact your health care provider** for guidance and testing.

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You are **required** to provide the following information and submit to non-invasive temperature check to enter the property. Failure to complete this form will result in denial of access.

Your Name: _____ Contact Number: _____

Employer/Company Name: _____

Employer Address: _____

Please answer these questions:

- Have you experienced fever OR respiratory difficulty in the past 14 days (e.g. cough/shortness of breath): Y / N
- Have you had close contact with a COVID-19 patient within the last 14 days or onset of Symptoms? Y / N
- Are you presently experiencing any flu-like symptoms? Y / N

If you answered "Yes" to **any** of the questions above, please provide more information:

I hereby affirm the above information is true and correct to the best of my knowledge and consent to a non-invasive temperature check:

Vendor Employee Signature

Security Officer Signature / ID #

Temperature Reading: _____

Time & Date: _____ : _____ AM / PM | / / _____

ACKNOWLEDGEMENT: By signing this document, I acknowledge that I have reviewed and understand Westgate Resorts policy. I acknowledge that any violations of this policy may result in progressive action as appropriate, up to and including termination of vendor contract.