

**REQUEST TO SUPPLIERS/VENDORS/CUSTOMERS**  
**RE: POTENTIAL COVID-19 EXPOSURE OF COMPANY EMPLOYEES**

[COMPANY LETTERHEAD]

[DATE]

[CONTACT INFO]

Re: COMPANY NAME'S COVID-19 Notice Requirements

Dear [CONTACT]:

This is to advise you of an important element of COMPANY NAME'S COVID-19 safety and health plan, which requires your cooperation and assistance. We need to inform our employees of potential COVID-19 exposure encountered in the course of work, and to avoid further exposure to other employees of the Company. For that reason, we request that your organization assist us in fulfilling an important part of our health strategy.

As a [vendor/supplier/customer] of the Company, our employees periodically will visit one or more of your locations to carry out their job duties. Consistent with our COVID-19 safety and health plan, we need to inform our employees if – in the course of performing their work – they have been at your premises at a time and place when they may have been exposed to an employee who tests positive for COVID-19, or who is otherwise diagnosed with that illness. Therefore, we request that if positive tests or diagnoses occur at your locations, please advise CONTACT NAME at our Company if one of our employees has been on your premises within 48 hours of a positive test or a diagnosis of COVID-19 infection that comes to your attention.

When notifying the Company, we will be seeking the following information:

- Date the sick employee was present in the facility;
- Approximate time the sick employee was present in the facility;
- Where within the facility the sick employee was present; and
- If known, COMPANY NAME employees with whom the sick individual was in close contact.

Similarly, if one of your employees has visited a location of COMPANY NAME and is diagnosed or tests positive for COVID-19, we request that you inform CONTACT NAME at our Company within 48 hours of your knowledge of that exposure, and provide the same information described above regarding that individual's visit to our location and potential exposure within our facility.

In the event that COMPANY NAME learns that one of our employees becomes sick with COVID-19 and the Company determines that he/she was in close contact with one of your employees, the Company will inform you of those circumstances.

One of our core values as a Company is respect for our employees and the employees of our vendors, suppliers and customers. Accordingly, we will treat information regarding the identity of employees with suspected or confirmed cases of COVID-19 as confidential to the extent practicable and will comply with applicable laws regarding the handling of such information.

We thank you in advance for your assistance and cooperation. Please contact CONTACT NAME at COMPANY NAME if you have any questions or concerns.

For more information about COVID-19, please visit the CDC website at: <http://www.cdc.gov/coronavirus/2019-ncov/index.html>

Very truly yours,

[INSERT]