

Healthcare Worker Accommodation Policy, Certification, & Occupancy Agreement

I. Accommodation Policy

A. Qualifying Healthcare Facility Unit

Qualifying acute care healthcare facilities located in the City of Chicago have designated units eligible for accommodation at this property. You must be an employee of a designated unit to be eligible for accommodation. A valid form of employee identification, personal identification, and email approval from your employer are required to assist property staff in verifying stay eligibility.

B. Qualifying Healthcare Personnel

Due to limited supply, only verified personnel from an eligible unit at a qualifying healthcare facility working directly with COVID-19 positive or symptomatic persons, including cleaning the spaces that serve this population and do not have a means of safe quarantine from other household members (such as a separate room and bathroom) are qualifying healthcare personnel. This property is **not** an isolation facility for individuals who have tested positive for COVID-19 or are exhibiting COVID-19 symptoms. Qualifying healthcare personnel having tested positive for COVID-19 or exhibiting COVID-19 symptoms must immediately vacate the property and seek medical attention.

C. Certification Period & Renewal

Rooms are available on a first come first served basis. Qualifying healthcare personnel may stay for a total of 14 days from the initial date of certification. Upon the expiration of the initial 14-day stay period, qualifying healthcare personnel may request recertification for another 14-day period. Recertifications can be requested by qualifying healthcare personnel at the expiration of each subsequent 14-day stay period provided the qualifying healthcare personnel is in continuous need of the accommodation. The Qualifying healthcare personnel may choose to discontinue the accommodation at any time. Additionally, the City of Chicago, at its discretion, may decide to terminate certification at any time.

II. Certification Questionnaire

*Please note that all fields are required for Certification.

1. Name:

2. Email address:

3. Phone number:

4. What is the name and address of the healthcare facility at which you're employed?

5. Please describe your title and department/unit of assignment (E.R. Doctor, ICU Nurse, etc.)?
6. Please describe the nature and frequency of your direct contact with COVID-19 positive/symptomatic patients?
7. Do you live with others and lack the ability to self-quarantine as stated in the accommodation policy above?

I, _____, certify that I have read, understand, and fully agree to the *Accommodation Policy, Certification Questionnaire, and Certification Period & Renewal*. I further certify that I have answered all the questions honestly and meet the description of qualifying healthcare personnel as described in the Accommodation Policy.

III. Occupancy Agreement

You will be occupying an assigned room at a property designated by the City of Chicago. In order to ensure the health and safety of all occupants as well as the health and safety of other Chicago residents, you agree to be bound by the following Occupancy Agreement:

1. **Do Not Congregate:** You agree to stay in your assigned room at all times except for entering or exiting the facility for the day.
2. **Drug-Free, Alcohol-Free, Smoke-Free:** You may not smoke any substance, including tobacco, vaping products and marijuana, or bring any illegal drugs on the property. Alcoholic beverages are not allowed.
3. **No Visitors:** For their health and safety, no guests, friends or relatives are allowed on the property. Qualifying healthcare personnel may only occupy the room to which he or she is assigned.
4. **Food:** The City will provide you up to \$40/day for room service or other food items provided by the hotel. You may not exceed this amount.
5. **Additional Policies:** In addition to the policies outlined above, you agree to adhere to all existing policies of the property. Failure to adhere to the occupancy agreement in its entirety may result in the qualified healthcare personnel being reported to his or her employer for disciplinary action.
6. **Parking:** Overnight parking will be provided by the hotel.
7. **Credit Card:** You will be asked to provide a credit card on file at the hotel for any incidentals not covered by the City.
8. **Check In Time:** Employees will call hotels directly to set up reservation

IV. Assumption of Risk

I understand that I will be subject to normal risks associated with being in a hotel such as physical injuries or even death or loss or damage to personal property, including without limitation, from slips or falls, food poisoning or allergic reaction to food I may consume in the hotel, physical or verbal altercations with hotel staff, City of Chicago employees or volunteers, or Guests, electrocution from appliances or equipment within the hotel, drowning in pools or tubs, terrorist or other violence, theft or vandalism, auto accidents around the hotel, or fires or other disasters affecting the hotel, and exposure to and contracting COVID-19 and other diseases. I understand that there is no guarantee that I will not be exposed to COVID-19 even though I stay at the Hotel. The decision to stay at the Hotel is mine alone and I do so voluntarily. On behalf of myself and my heirs, successors and assigns, I knowingly and freely, assume all such risks, both known and unknown, relating to my entering upon and staying at the Hotel property.

Employee Signature

Employee Printed Name

Employee ID Number

Date