PLEASE NOTE THAT THIS SAMPLE FORM THIS FORM SHOULD ONLY BE USED BY THE DEALERSHIP TO SCREEN ACTIVE EMPLOYEES FOR THE COVID-19 VIRUS ON A DAILY BASIS

**COVID-19 ILLNESS SYMPTOM CHECK**

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Screening:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dealership:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Company has decided to conduct daily symptoms checks for possible infections by the COVID-19 virus public health emergency. Your responses will be kept confidential to the extent required by law and will be maintained separate from your personnel file. Please see the attached privacy notice for more information.

This form must be completed and turned in after clocking in but before reporting to your work area and before beginning any work or having any interaction with others.

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS AT ANY TIME IN THE LAST 72 HOURS?

Please answer each question with a Yes or No.

|  |  |  |
| --- | --- | --- |
| **SYMPTOMS** | **YES** | **NO** |
| Cough Or Shortness Of Breath/Difficulty Breathing |  |  |
| Fever Of 100.4 Degrees Or Higher |  |  |
| Repeated Shaking With Chills |  |  |
| Chills |  |  |
| Muscle Pain (new or worsening) |  |  |
| Headache |  |  |
| Sore Throat |  |  |
| New Loss Of Taste Or Smell |  |  |

If you answered NO to all questions, please turn in this form to the assigned collection box and report for work.

IF YOU ANSWERED YES TO ANY QUESTION, YOU ARE NOT TO REPORT TO WORK. YOU SHOULD INSTEAD IMMEDIATELY LEAVE THE PREMISES, STAY HOME AND CALL \_\_\_\_\_\_\_\_\_\_\_ AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO REPORT YOUR SITUATION. YOU SHOULD ALSO SEEK MEDICAL ADVICE IMMEDIATELY.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Employee Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature

Please review the following notice to understand how we collect, use, share, and secure information about you through the attached screening form. This notice covers the California Consumer Privacy Act (CCPA) regulations afforded to California residents, and supplements, but does not replace, other CCPA notices you have received.

Your Personal Information

If you are working during the COVID-19 pandemic, the following personal information may be collected from you:

* Whether you are presently experiencing indicia of febrile respiratory illness, which is defined as “new or worsening episode of either cough or shortness of breath, presenting with fever (temperature 38 degrees C or 100.4 degrees F or higher) or chills in the previous 24 hours.” This information is used to review whether you are allowed to work pursuant to local public health orders related to COVID-19, and documenting the employer’s compliance with such orders.

We do not sell your personal information to third parties.

Security

A number of steps are taken to safeguard the personal information you provide. We maintain physical, technical, and administrative safeguards to protect your personal information. Encryption is used to secure certain personal information where deemed necessary. Furthermore, once the information has been received by us, security procedures and policies commensurate with industry standards are used to safeguard against loss, theft, unauthorized access, destruction, use, modification and/or disclosure.

Additional disclosures

In addition to the sharing described above, information may be disclosed about you if we believe that disclosure is necessary (a) to satisfy any law, regulation, or governmental request; (b) to respond to a subpoena; or (c) to protect the safety, rights or property of this Company, its subsidiary companies, or users of our websites.

Your personal information may also be transferred in connection with any sale or transfer of our business and assets. In such event, we will use reasonable efforts to ensure that your personal information remains protected.

Contact us

If you have any questions regarding how we protects or uses your personal information, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Changes to notice

We will make periodic updates to this notice, and such changes will take effect when they are issued. This Privacy Notice was last updated 4/1/2020.

Authorization

By submitting your personal information in the attached screening form, you agree that the Company may process it for determining your eligibility to work under local public health orders.