BANK OF SOMEWHERE

COVID-19 CUSTOMER PRESCREENING QUESTIONNAIRE

INSTRUCTIONS

**Directions:**

These questionnaires are to be completed and signed by a customer or potential customer, or dictated to approved Personnel [insert title, name etc. as applicable] at the time the customer or potential customer is requesting an in-person appointment with Bank branch personnel.

It is the Policy of **BANK OF SOMEWHERE** to retain Customer COVID-19 Questionnaires for a period of **[1 week, 14 day, 1 month]** after completion. They are to be stored securely in/at **[designate approved location]**.

Upon the completion of the retention period, approved Personnel **[insert title, name, etc. as applicable]** will destroy the Questionnaire via the secured method of: **[Shredding, 3rd party shredding service, etc. as applicable to Bank current procedures]**. This is to include the scrubbing and permanent deletion of and any all electronic copies that may be in existence due to being submitted electronically, via fax, scanning, email or otherwise.

Upon destruction, **BANK OF SOMEWHERE** will document the routine destruction of these Questionnaires without disclosing any personal identifiable information.

[The **BANK OF SOMEWHERE** will be sending confirmation to the customer or potential customer of the destruction of their Prescreening Questionnaire].

BANK OF SOMEWHERE

COVID-19 CUSTOMER PRESCREENING QUESTIONNAIRE

**Directions:** Please complete accurately the following questionnaire to assist the **BANK OF SOMEWHERE** in preventing the spread of the COVID-19 virus and continue to ensure the safety of our employees, the general public and you. Please refer to the back of this form for applicable disclosures. We appreciate your understanding and cooperation during these times.

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| --- | --- | --- | --- |
| **COVID-19 Precautions** | **YES** | **NO** | **COMMENT** |
| 1. Have you traveled to any of these locations in the last 14 days?  * China * Iran * South Korea * Italy * Japan |  |  |  |
| 1. Have you traveled domestically in the United States to any of the following States in the last 14 days?  * New York * New Jersey * California * Washington State |  |  |  |
| 1. Have you had contact with anyone confirmed COVID-19 in the last 14 days? |  |  |  |
| 1. Have you had any of these symptoms in the last 14 days?  * Fever greater than 100.4° F * Difficulty breathing * Cough |  |  |  |
| 1. Are you currently experiencing a fever over 100.4° F, difficulty breathing, or cough? |  |  |  |
| **If you answered yes any of the questions, for the protection of BANK OF SOMWHERE personnel, the general public, and yourself, we would advise you to:**  [insert appropriate methods to contact bank personnel for phone call appointment; provide options to call center support, online banking, emailing, telebanking; provide options for ATMs with check cashing capabilities, relative fax numbers] | | | |

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| **Additional Comments:** |

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| **Printed Name:** |
| **Signature:** |
| **Date:** |

**Disclosures:**

***HIPPA and ADA Protections:*** *Generally, financial institutions do not fall under HIPAA’s defined “Covered Entities,” which would prohibit them from disclosing protected health information (PHI) unless permitted by HIPAA. An individual’s health status related to testing positive for COVID-19 is considered PHI. However,* ***BANK OF SOMEWHERE*** *for COVID-19 prescreening precautions will treat any information submitted on this form as if it were a Covered Entity and will keep answers confidential as well as will only disclose to public health authorities as applicable by law.*

***ECOA:*** *The purpose of this questionnaire is to preemptively combat the spread of COVID-19 for the protection of* ***BANK OF SOMEWHERE’s*** *employees, customers, the community at large and you. These questions are confidentially reviewed and not intended to prohibit or deny the availability of credit or access to financial services to creditworthy applicants with regard to race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to contract). If denied at this time for an in-person meeting, note that* ***BANK OF SOMEWHERE*** *will do everything reasonable within its power to provide you with reasonable options to connect with one of our staff. Please refer to the front page of this form for additional guidance and methods of contact.*

***Privacy Policy:*** *Refer to the Bank’s Privacy Policy for additional guidance found here: [insert website]. Information*

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| **Bank Personnel Reviewer Name and Title:** |
| **Date of Review:** |