

Model CCPA Notice to California Employees and Guests About Taking Temperatures for COVID-19 Purposes

Drafter's notes for use of this form:

This notice is to be used only where (a) the business is subject to the CCPA, and (b) the business is collecting COVID-19 related information through COVID-19 diagnosis testing, measuring temperatures of employees and/or guests, and/or inquiring about symptoms prior to entering any company facility or returning to work. To learn if the CCPA applies to your business, click [HERE](#).

A business that is subject to the CCPA must provide the below notice to all California-based employees/guests at the time of, or prior to, measuring temperatures. No notice is required, however, if none of the information is actually being retained, where the company is simply screening individuals at the door without keeping any records of whether the individual's temperature was in the fever range. However, in the employee context, even if you don't log the information, you are likely collecting the fact that an employee tested positive or had a fever or symptoms and was sent home as a result. Therefore, in the employee context, even if you don't write down the information, some of the pertinent facts about an employee will likely end up in an HR record such that you should be providing this CCPA notice in advance. Also note that the CCPA defines "collect" to include information gathered indirectly through observation of the subject. The specific examples of information collected can be modified if some don't apply (e.g., if all the company is doing is measuring temperatures, then it should be limited to that).

If the company wants to provide this type of privacy notice outside of California, then remove references to the CCPA and call the document "Privacy Notice" at the top. Also, this notice is drafted this so it can be provided to everyone coming into the company facility, not just employees. Signature acknowledging receipt is NOT required under the CCPA, but it is the best way to prove they received the notice. However, the individual must receive and walk away with a copy (whether it's the signed or unsigned one). To make this more practical, it might make sense to remove the signature block all together and just hand this out.

NOTICE OF COLLECTING COVID-19-RELATED INFORMATION PURSUANT TO THE CALIFORNIA CONSUMER PRIVACY ACT (CCPA)

The Company is implementing procedures to (a) require all employees at certain times or upon certain events to be tested for the COVID-19 virus (b) measure the temperature of all individuals coming into the Company's facility, and/or (c) inquire and observe whether any individual, whether an employee or visitor, attempting to enter a Company facility has any symptoms of COVID-19 or related illness.

Pursuant to the CCPA, we are notifying you that in the process of taking the above steps, the Company is or may be collecting the following categories of Personal Information:

1. **Personal Identifiers & Contact Information** (e.g., name, alias, postal or mailing address, email address, telephone number);
2. **Physical Characteristics or Description** (e.g., eye color, hair color, hair style, height, weight, build);
3. **Family Information** (e.g., contact information for family members listed as emergency contacts, contact information for dependents and other dependent information, medical and health information for family members related to COVID-19 symptoms, exposure, or testing, and family travel information);
4. **Information of Friends, Co-workers, and Other Associates or Individuals with Whom You Have Been in Close Contact within the Past 14 Days** (e.g., medical and health information for friends, co-workers, and other associates or individuals related to COVID-19 symptoms and their travel information);
5. **Protected Classifications** (e.g., race, ethnicity, national origin, sex, gender, age, disability, medical or mental condition, familial status);
6. **Medical and Health Information** (e.g., your body temperature, COVID-19 diagnosis and related testing results, whether you have or display certain symptoms such as fatigue, cough, sneezing, aches and pains, runny or stuffy nose, sore throat, diarrhea, headaches, sudden loss of smell or taste, or shortness of breath, whether you have been in close contact in the last 14 days with anyone who has exhibited any of these symptoms, whether you have been in close contact in the last 14 days with anyone who has tested positive for COVID-19, and whether you have recently traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department, including China, Italy, Iran, and most of Europe, as well as any COVID-19-related doctor's notes for absences or work restrictions, medical leave of absence records, requests for accommodation, interactive process records, and correspondence with you and your healthcare provider(s) regarding any request for accommodation or medical leave of absence related to COVID-19); and
7. **Travel Information** (e.g., locations traveled to within the 14 days prior to coming to the workplace and the dates spent in those locations).

The Company may collect the above categories of Personal Information for all of the following business purposes:

1. To reduce the risk of spreading the disease in and through the workplace;
2. To protect employees and visitors in the workplace from exposure to COVID-19;
3. To comply with local, state, and federal law, regulations, ordinances, guidelines, and orders relating to COVID-19;
4. To identify potential symptoms linked to COVID-19 (including through temperature checks, COVID-19 diagnosis testing, or COVID-19 questionnaire);
5. To permit contact tracing relating to any potential exposure;
6. To communicate with employees and visitors regarding potential exposure to COVID-19 properly warn others who have had close contact with an infected or symptomatic

individual so that they may take precautionary measures, help prevent further spread of the virus, and obtain treatment, if necessary; and

The Company will maintain this information under conditions of confidentiality.

By signing below, I acknowledge and confirm that I have received and read and understand this disclosure.

Signature

Date

Print Your Full Name