

**VIRGINIA TITLE CENTER, LLC**  
**COVID-19 CUSTOMER PRESCREENING QUESTIONNAIRE**  
**INSTRUCTIONS**

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**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 VIRGINIA TITLE CENTER, LLC to retain Customer COVID-19 Questionnaires for a period of one month after completion. They are to be stored securely at our main office at 3565 Electric Rd, Suite J, Roanoke, VA 24018.

Upon the completion of the retention period, the Director of Operations & Marketing will destroy the Questionnaire via the secured method of 3<sup>rd</sup> party shredding service. 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 VIRGINIA TITLE CENTER, LLC will document the routine destruction of these Questionnaires without disclosing any personal identifiable information.



**VIRGINIA TITLE CENTER, LLC**  
**COVID-19 CUSTOMER PRESCREENING QUESTIONNAIRE**

**Directions:** Please complete accurately the following questionnaire to assist the **VIRGINIA TITLE CENTER** 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.

COVID-19 Precautions	YES	NO	COMMENT
1. Have you traveled outside of the United States in the last 14 days? If yes, where?			
2. Have you had contact with anyone confirmed COVID-19 in the last 14 days?			
3. Have you had any of these symptoms in the last 14 days? <ul style="list-style-type: none"> <li>• Fever greater than 100.4° F</li> <li>• Difficulty breathing</li> <li>• Cough</li> </ul>			
4. 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 VIRGINIA TITLE CENTER personnel, the general public, and yourself, we would advise you to make alternative arrangements for closing or delay closing until a minimum of a 14 day quarantine has been fulfilled, and customer does not exhibit any symptoms related to COVID-19. Wearing of masks is encouraged during your settlement.**

Additional Comments:

Printed Name:

Signature:

Date:

Virginia Title Center Reviewer Name and Title:

Date of Review:



## 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, **VIRGINIA TITLE CENTER, LLC** 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 **VIRGINIA TITLE CENTER, LLC'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 **VIRGINIA TITLE CENTER, LLC** 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.

