**Health Declaration Form**

**2019 novel Coronavirus (COVID-19)**

*As part of our Health and safety measures for the prevention of transmissible diseases, we request that you complete this Health Declaration Form.*

*This declaration form will not be considered complete unless all questions are answered and the form has been signed. Based on the information you provide, we may decide to deny you entry to our facility or request that you provide additional information.*

*Before providing the personal information requested and completing the declaration, please read our Privacy Statement in relation to the protection of the data that you provide. Our Privacy Statement can be found overleaf.*

|  |  |  |  |
| --- | --- | --- | --- |
| Today’s date |  | ID |  |
| Name |  |

a).Single choice Do you have the following signs and symptoms of respiratory illness including any of the following (check all that apply)?

☐ Fever (1) ☐ Cough ☐ Sore throat ☐ Chills ☐ Shortness of breath

☐ Headache ☐ Muscle pain ☐ Joint pain ☐ Repeated shaking with chills

☐ Loss of taste or smell ☐ None

b). Were you in close contact (2) with a person known to be ill or suspect to be ill with COVID-19?

☐ Yes ☐ No ☐ Unknown

I have read the privacy statement and I consent to the collection of my personal data for the purposes described. I declare that all answers in this Health Declaration Form are true and correct to the best of my knowledge and belief.

I agree to inform Aptiv without delay if any of the statements given herein cease to be true within (2 weeks) of the date of this Health Declaration Form.

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Signature

(1) Fever corresponds to a temperature of 37 °C (98.6 °F)or higher.

(2) Close contact is defined as: being within approximately 6 feet (2 meters), while not wearing recommended PPE (e.g. gloves, surgical or N95 mask).

**For Countries in the European Union** **Only**

**Privacy Statement**

[INSERT APTIV ENTITY (“**Aptiv**”), as a data controller is committed to protecting the privacy and security of your personal data. Aptiv is [INSERT ENTITY DESCRIPTION AND ADDRESS] .

We are collecting and processing the data you have provided on this Health Declaration Form to safeguard the health of our employees and other visitors to our facilities. We will use the data provided by you to decide if you should be given access to our facilities and/or to decide on any appropriate measures needed as a result of your presence at the facility.

We will process these data only with your consent, which may be withdrawn at any time. If you wish to withdraw your consent to this processing please contact [ INSERT CONTACT DETAILS]

The data that you provide will be processed by us and may be shared within our organization. Your data will not be transferred outside of the European Economic Area. Unless required by law, your data will not be shared with any third party individual or organization.

Automated decision-making takes place when an electronic system uses personal information to make a decision without human intervention. You will not be subject to decisions that will have a significant impact on you based solely on automated decision-making, unless we have a lawful basis for doing so and we have notified you.

We will only retain your personal data for as long as necessary to fulfil the purposes for which we collected it: that is to safeguard the health of our employees and other visitors to our facilities in light of risk posed by COVID-19/2019 novel Coronavirus. In some circumstances we may anonymize your personal information so that it can no longer be associated with you, in which case we may use such information without further notice to you.

It is important that the personal information we hold about you is accurate and current. Please keep us informed if your personal information changes.

Under certain circumstances, by law you have the right to:

* Request access to your personal information.
* Request correction of the personal information that we hold about you.
* Request erasure of your personal information.
* Object to processing of your personal information.
* Request the restriction of processing of your personal information.
* Request the transfer of your personal information to another party.

If you want to review, verify, correct or request erasure of your personal information, object to the processing of your personal data, or request that we transfer a copy of your personal information to another party, please submit a request to [INSERT CONTACT DETAILS]

You will not have to pay a fee to access your personal information (or to exercise any of the other rights). However, we may charge a reasonable fee if your request for access is clearly unfounded or excessive. Alternatively, we may refuse to comply with the request in such circumstances.

We may need to request specific information from you to help us confirm your identity and ensure your right to access the information (or to exercise any of your other rights). This is another appropriate security measure to ensure that personal information is not disclosed to any person who has no right to receive it.

Complaints

You have the right to make a complaint at any time to the relevant data protection supervisory authority.

If you have any questions about this statement, please contact [INSERT CONTACT DETAILS]

**REVISION RECORD**

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| --- | --- | --- | --- |
| **Release Date** | **DCR Number** | **Revision** |  **Requester / Document Owner** |
| January 30, 2020 | [EHSOS 20-005](http://p04.na.delphiauto.net/00/106/NA_DCR_WS_Sites/EHSOS%2020-005/default.aspx) | New form | Julio Amavisca – MD S&PS / Aldo Gomez – EHS Director |
| February 05, 2020 | [EHSOS 20-007](http://p04.na.delphiauto.net/00/106/NA_DCR_WS_Sites/EHSOS%2020-007/default.aspx) | In question b), was added Hubei province. | Ana Ferreira EDS Environment, Health and Safety Director, Operations / Aldo Gomez - Director |
| February 06, 2020 | [EHSOS 20-008](http://p04.na.delphiauto.net/00/106/NA_DCR_WS_Sites/EHSOS%2020-008/default.aspx) | In question b). “If yes” was removed b). ~~If yes~~, In the 14 days before symptom onset, did you:In reference (1), was added (98.6° F) | Aldo Gomez - Director / Aldo Gomez - Director |
| February 26, 2020 | [EHSOS 20-012](http://p04.na.delphiauto.net/00/106/NA_DCR_WS_Sites/EHSOS%2020-012/default.aspx) | Entire form was review it. | Tim Renner -EHS Manager / Aldo Gomez - Director |
| February 28, 2020 | [EHSOS 20-014](http://p04.na.delphiauto.net/00/106/NA_DCR_WS_Sites/EHSOS%2020-014/default.aspx?InitialTabId=Ribbon%2EListItem&VisibilityContext=WSSTabPersistence) | In b), was added Iran to the list of the countries | Ana Ferreira EDS Environment, Health and Safety Director, Operations / Aldo Gomez - Director |
| March 20, 2020 | [EHSOS 20-019](http://p04.na.delphiauto.net/00/106/NA_DCR_WS_Sites/EHSOS%2020-019/default.aspx) | All content was reviewed  | Ana Ferreira EDS Environment, Health and Safety Director, Operations / Aldo Gomez - Director |
| April 28, 2020 | [DCR 602](http://s01.delphiauto.net/07/eosho/_layouts/WrkStat.aspx?List=%7bE29E0ACB-D3C8-4E7E-A4FA-A70EB9EFAC9A%7d&WorkflowInstanceID=%7b1E1BC965-558D-4A16-9939-9D2EDC25EA23%7d) | The content of the form was reviewed to reflect the current situation; Adding new possible symptoms of the coronavirus, such a: Chills, Repeated shaking with chills, Loss of taste/Loss of smell according with Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)) | Ana Ferreira EDS Environment, Health and Safety Director, Operations / Aldo Gomez - Director |