

# Coronavirus (COVID-19) Screening Questions

Please fill out and present this form to the driving instructor at the start of **each** driving lesson.

**Please circle YES or NO.**

1. Have you tested positive for the Coronavirus within the last 14 days?  
YES NO
2. Have you been in close contact with a person that has tested positive for the Coronavirus or who has symptoms of Coronavirus (fever, chills, persistent cough, etc...)?  
YES NO
3. Do you currently have a fever (temperature greater than 100.0° F), or have you had a fever within the last 14 days?  
YES NO
4. Do you have any of the following:
  - a. New or worsening cough?  
YES NO
  - b. Shortness of breath?  
YES NO
  - c. Stomach pain?  
YES NO
  - d. Diarrhea?  
YES NO
  - e. Loss of taste and/or smell?  
YES NO
  - f. Unusual body aches or muscle pains?  
YES NO
  - g. Headache?  
YES NO
  - h. Chills or repeated shaking with chills?  
YES NO
  - i. Shortness of breath or difficulty breathing?  
YES NO
  - j. Sore throat?  
YES NO
  - k. New loss of taste or smell?  
YES NO

**If you answered YES to any of the aforementioned questions, you will be asked NOT to take a driving lesson.**

I certify that, to the best of my knowledge, the above information is truthful and accurate.

STUDENT NAME (PRINTED) \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_