

# COVID-19 Self-Assessment

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

NAME - \_\_\_\_\_ Date of Birth - \_\_\_\_\_

## **SYMPTOMS - Have you experienced any of these symptoms within the last 2weeks?**

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- None of the above

## **EXPOSURE – Have you experienced any of these situations within the last 2 weeks?**

- Been in close contact (less than 6 feet) with someone with COVID-19
- Travelled internationally to a location where COVID-19 is prevalent
- Lived or visited a place where COVID-19 is widespread
- None of the above

**If you checked 2 or more in the SYMPTOM category and 1 or more in the EXPOSURE category, you will be asked to refrain from taking a driving lesson.**

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

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