

Student Name _____
Temp. _____ Date _____

Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had a temperature that is elevated or greater than 100.3F? Yes No

Do you have any of the following symptoms:

- | | |
|---|--|
| <input type="checkbox"/> New or Worsening Cough | <input type="checkbox"/> Shortness of Breath or Difficulty Breathing |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Nasal Congestion/Runny Nose |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Vomiting, Nausea, Diarrhea |
| <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Fatigue, muscle or body aches |

- Have you tested positive for COVID-19 in the last 14 days? Yes No
- Have you been tested for COVID-19 in the last 14 days? Yes No
- Have you had known contact with anyone who has tested positive or has symptoms for COVID-19 in the last 14 days? Yes No
- Have you had a fever in the last 14 days? Yes No
- Have you traveled outside of the US in the last 14 days? Yes No

- All students must wear a mask or shield which covers their nose and mouth for the duration of the driving lesson. Breaks as needed during the lesson.
- Student must use hand sanitizer before and after each lesson.
- All cars will be sanitized before and after each driving lesson.

I hereby subscribe and certify under penalty of false statement, that I have answered the above questions truthfully.

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