

## **Pre-Lesson Screening Questionnaire**

In order to safeguard our instructors and the rest of our community, we ask that you attend the driving lesson wearing a facemask.

If you are experiencing any symptoms related to COVID-19, we ask that you do not come to the driving lesson at this time. Symptoms are indicated below:

Cough, shortness of breath, or difficulty breathing

Or any two of the following:

Fever

Chills

Repeated shaking with chills

Muscle pain

Headache

Sore throat

New loss of taste or smell

**Before each driving lesson, the Instructor will ask the student to complete the following questionnaire to ensure it's safe to proceed with the driving lesson.**

Driving Instructor verbally administer this questionnaire and record the student's responses.

**Date:**

Please circle the student's answer to the following questions:

1. Do you have a fever? **YES** **NO**
2. Have you attended any large group functions more than 50 persons? **YES** **NO**
3. Have you had any of the following symptoms within the last two weeks: fever, fatigue, dry cough, altered taste, altered smell, trouble breathing, productive cough (mucous in cough), or muscle pain? **YES** **NO**
4. Do you have a mask to wear during the driving lesson? **YES** **NO**  
(If no, you agree to wear the mask provided by the instructor)
5. You understand that when you participate in the driving lesson today, you will be within less than the **TWO METERS** social distancing recommendation? **YES** **NO**
6. Have you been in close contact with anyone who may have contracted COVID-19? **YES** **NO**
7. Have you travelled outside Canada within the last 21 days? **YES** **NO**
8. You know that the instructor is authorized to end the lesson if questions about your health condition arise during this time? **YES** **NO**
9. The Instructor will now ask the student to sign this questionnaire electronically and by signing this form the student agrees that:

**“I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief and there is no reason preventing me from participating in the driving lesson. I also understand that I am able to reschedule this lesson at later time if I don't qualify to take the lesson today.”**

This questionnaire will be held on file as record of the student's participation in the lesson.

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_