



Student Temps:	
Date: _____	Temp: _____
Date: _____	Temp: _____
Date: _____	Temp: _____

Student Advisory and Acknowledgement

Receiving Drivers Education Behind the Wheel Instruction During COVID-19 Pandemic

Dear Parent/Student,

You have contacted WNC Driving School, LLC to provide the 6 hours of behind the wheel instruction that will be done during the COVID-19 pandemic. Please be advised of the following:

- While our company complies with the State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.
Our instructors are symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other students) could be infected, with or without their knowledge.

In order to reduce the risk of spreading COVID-19, we have asked you a number of "screening" questions below. For the safety of our instructors, other students, and yourself, please be truthful about your answers.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PLEASE ANSWER "YES" OR "NO" WITH YOUR INITIALS, TO THE FOLLOWING QUESTIONS:

ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST? ___ YES ___ NO

DO YOU HAVE A FEVER? ___ YES ___ NO

DO YOU HAVE ANY SHORTNESS OF BREATH? ___ YES ___ NO

DO YOU HAVE A DRY COUGH? ___ YES ___ NO

DO YOU HAVE A RUNNY NOSE? ___ YES ___ NO

DO YOU HAVE A SORE THROAT? ___ YES ___ NO

DO YOU HAVE SNEEZING, WATERY EYES, AND/OR SINUS PAIN/PRESSURE THAT IS UNUSUAL AND NOT RELATED TO SEASONAL ALLERGIES? ___ YES ___ NO

HAVE YOU EXPERIENCED HEADACHES, FATIGUE, OR WEAKNESS? ___ YES ___ NO

HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL? ___ YES ___ NO

WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELED TO ANY FOREIGN COUNTRY? ___ YES ___ NO

WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED WITHIN THE UNITED STATES? ___ YES ___ NO