

# INSTRUCTOR'S SCREENING PROCEDURE

Driving instructor's name: \_\_\_\_\_ Driving school name: \_\_\_\_\_ Date: \_\_\_\_\_

**These questions must be answered by the student before he or she enters and operates the vehicle:**

1. Have you travelled outside of Ontario or Canada within the last 14 days?
2. Have you had close contact with a confirmed or probable case of Corona virus (COVID-19) within the last 14 days?
3. Have you had close contact with a person being tested for Corona virus (COVID-19) within the last 14 days?
4. Are you feeling unwell? (cold, flu, fever, chills, coughing, sore throat, severe headaches, aching body, shortness of breath, unexpected fatigue, nausea, vomiting, sneezing or runny nose)

If you answered **NO** to all of these questions, you have **PASSED** the screening procedure, you may enter the vehicle and continue driving.

If you answered **YES** to one or more of these questions, you are **NOT** allowed to enter the vehicle.

## SCREENING ACTIVITY RECORD (must be completed for each driver before a lesson)

	Student's name	Start time	Student's signature	Vehicle disinfection time	DI initial	Screening Pass or Fail	Personal Protective Equipment (PPE) used
1			x			pass fail	yes no
2			x			pass fail	yes no
3			x			pass fail	yes no
4			x			pass fail	yes no
5			x			pass fail	yes no
6			x			pass fail	yes no
7			x			pass fail	yes no
8			x			pass fail	yes no
9			x			pass fail	yes no
10			x			pass fail	yes no

I hereby confirm the above information to be true and accurate. Personal Protective Equipment shall include mask, face shield, hand sanitizers, gloves, wipes, cleaning agent or other equipment to protect students and the driving instructor.

Instructor signature: x\_\_\_\_\_