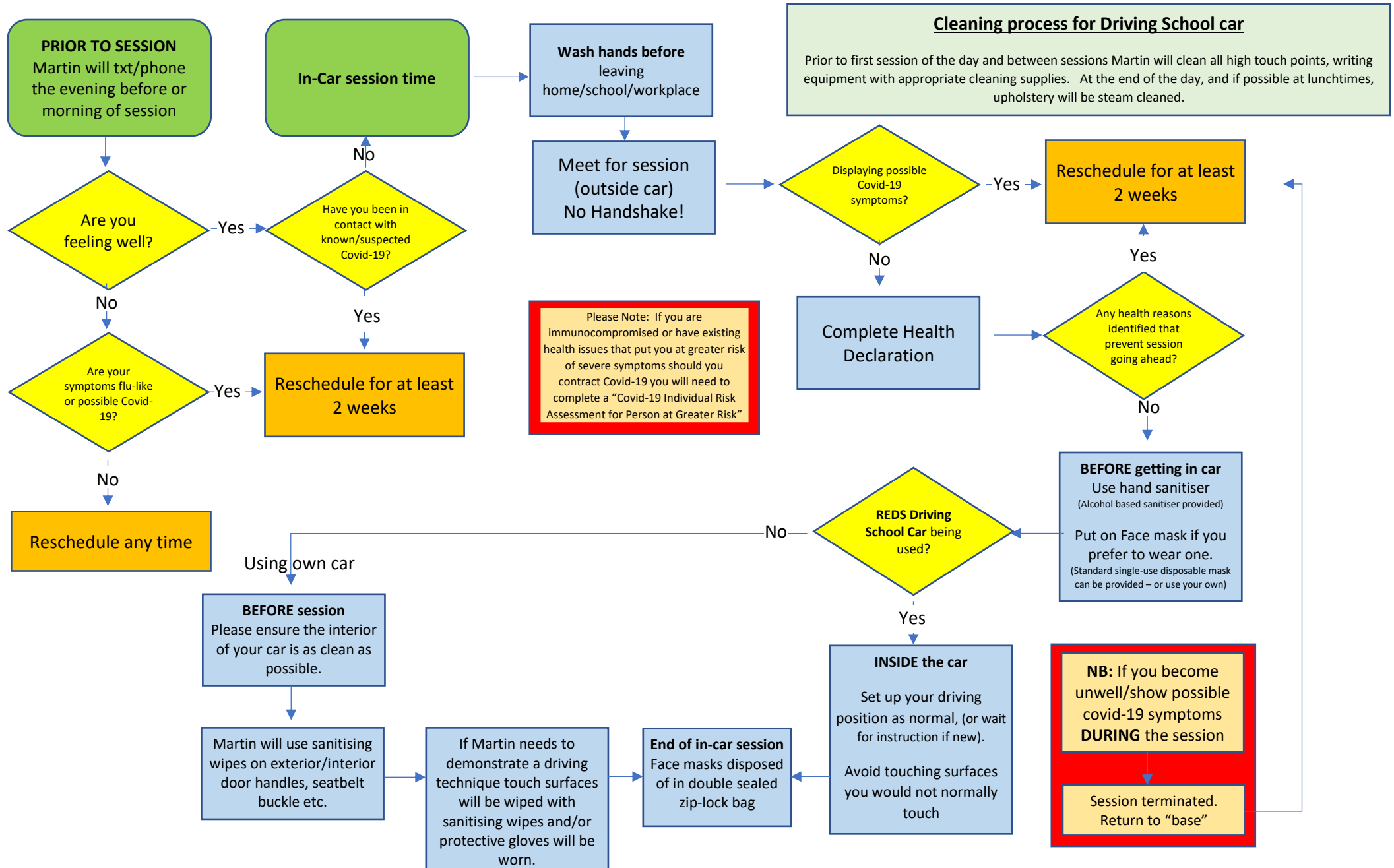


On Road In-Car Covid-19 Safety Plan Client Flowchart





Real Experience Driving School Covid-19 Health Declaration

This form is being used as part of the Real Experience Driving School's Covid-19 Safety Plan. Data collected will only be used in relation to the Covid-19 Pandemic response to aid contact tracing should this be required. This form does not ask for last names, phone numbers or email addresses as you have already provided this as part of our Client details records. By completing this form you agree that, if required by the appropriate health authorities, information collected here, and surname, phone and email already held by REDS, may be shared for the sole purpose of contact tracing.

1 . First Name *

2 . Do you have, or have you had within the last 48 hrs, any symptoms of Covid-19 - (cough, high temperature and/or shortness of breath) or any flu-like symptoms? *

- ☐ Yes
☐ No
☐ Unsure

3 . To your knowledge, have you, or anyone living in your "bubble" been in close contact with anyone, displaying or known to have any symptoms of Covid-19 - (cough, high temperature and/or shortness of breath) or any flu-like symptoms? *

- ☐ Yes
☐ No

4 . If you answered "Yes" to the above, have they had the Covid-19 test?

- ☐ Yes
☐ No
☐ Don't know

5 . Do you consider yourself immunodeficient or at greater risk of more severe symptoms if you contracted the Covid-19 virus? *

- ☐ Yes
☐ No
☐ Not sure

6 . I am aware of the Real Experience Driving School's Covid-19 Safety Plan agree to abide by it's principles and have been given the opportunity to ask questions. *

- ☐ Yes
☐ No

7 . I agree that the above is true and correct at this time and consider myself healthy and able to continue with today's driving lesson/assessment. *

- ☐ Yes, I am healthy and able to continue with today's driving lesson/assessment.
☐ No, I am not well enough at this time.

