



COVID-19 Health Questionnaire

In response to the COVID-19 (coronavirus) pandemic, we at My Driving Academy, LLC continue to strive to create the safest environment for our students to learn. As such, and in accordance with MVA's guidelines, all students must be screened prior to class, and are required to answer a questionnaire in regard to their health or exposure prior to the training sessions.

Please answer the following questions with complete honesty.

 Do you have, or have you shown any signs or symptoms associated with COVID-19 such as: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, Sore Throat, etc.? YES NO
 Have you tested positive for COVID-19 or have you had close contact with anyone that has tested positive for or exhibited signs or symptoms of COVID-19 in the past 14 days? YES NO
 Do you consent to a pre-training temperature check? YES NO
Student Name (print):
Signature:
Parent/Guardian Signature:(If under 18 years of age)
Date (mm/dd/yy):