



## COVID-19 Return To Driving Lessons Questionnaire And Safety Protocol

This checklist has been developed to help inform students about what they need to do to help prevent the spread of COVID-19 in the Tuition Car/Students Car. The Driving Instructor and the students must work together to protect everyone while on lessons.

To help prevent the spread of COVID-19 in the workplace, every student must complete and sign this form before undertaking any lessons with 1 ROCK SOLID DRIVING SCHOOL. N.B. Every question must be answered. This form MUST be completed every 14 days.

Student Name: (Block Capitals) \_\_\_\_\_

Address/Eircode: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Date Of Lesson: \_\_\_\_\_

**Please answer Yes/ No to all of the following questions.**

1. Do you feel well and fit enough to resume driving lessons with **1 ROCK SOLID DRIVING SCHOOL?** **Yes/No**
2. Do you have any symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days? **Yes/No**
3. Have you recently returned to Ireland in the past 14 days from abroad and had to or were told to self isolate for a period of 14 days? **Yes/No**
4. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? **Yes/No**

5. Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes altogether in 1 day)? **Yes/No**
6. Have you been advised by a doctor to self-isolate at this time? **Yes/No**
7. Have you downloaded the Covid-19 Tracker App to help with contact tracing while undertaking lessons with **1 ROCK SOLID DRIVING SCHOOL**? **Yes/No**
8. Do you know and understand that you have to wear a face mask during the course of your lessons at all times? **Yes/No**
9. Do you know to avoid any physical contact with your Driving Instructor at all times? **Yes/No**
10. Do you know what to do if you start to develop symptoms of COVID-19 while undertaking driving lessons, either at home or during the course of a lesson? **Yes/No**
11. Do you understand any proposed new changing of start / finish times, rostering of breaks etc, during the course of your lessons? **Yes/No**
12. Are you aware that any personal items such as mobile phones brought into the Driving School Car must be kept on your person and not left lying on any surface? **Yes/No**
13. Do you know to clean your hands using the hand sanitizer provided before and after using the Driving School Car when you enter and exit the vehicle? **Yes/No**

Students Signature: \_\_\_\_\_

Instructors Signature: \_\_\_\_\_

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