Drivers Education Covid-19 Student Monitoring Form

Any person with positive symptoms reported should not be allowed to take part in **Behind The Wheel** instruction and should contact his or her primary care provider or other appropriate healthcare professional.

Should the conditions warrant, these requirements will be adjusted.

Date:	Teacher Temperatui	e:	Checked By:										
Name	Time	Fever, Cough, Chills, and/or muscle aches		Sore throat, runny nose, and/or loss of taste or smell		Nausea, vomiting, and/or diarrhea		Shortness of Breath and/or headache		Close contact, or cared for someone with COVID-19		Temp (if higher than 100.4°F)	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		