



Meeting the Mobility Challenge of Aging, Injured, and Disabled Drivers™

Client Agreement to receive services during COVID-19 Pandemic

I, _____, knowingly and willingly consent to receive services from Driver Rehabilitation Services during the COVID-19 pandemic. I have been made aware of the Center for Disease Control guidelines.

_____ I have truthfully answered all screening questions related to my symptoms/lack of symptoms and known exposure to COVID-19 from others.

_____ I consent to following the safety procedures put forth by Driver Rehabilitation Services including the use of a mask during services, hand hygiene protocol (washing or sanitizer), and agreement to temperature checks and screening questions each time services are received.

_____ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

_____ I understand that the CDC recommends social distancing of at least 6 feet to prevent transmission of disease and this is not possible with driver rehabilitation services.

_____ I agree that, if I were to exhibit any symptoms of, or am diagnosed with, COVID-19, I will immediately contact Driver Rehabilitation Services so that proper steps can be taken to limit the spread of this contagion.

I have read, comprehend, and agree with the above statements.

Name _____ Date _____