

**COVID-19 Waiver for
Occupational Therapy Driving Assessments and Driving Lessons**
Please answer the following and sign at the bottom.

- | | |
|---|------------------|
| I confirm I am currently not experiencing any flu or flu like symptoms. | True / False |
| I have not come into contact with any known person/s that have contracted COVID-19 within the last 14 days. | True / False |
| I have not travelled from overseas within the last 14 days. | True / False |
| I have not travelled from Victoria within the last 14 days. | True / False |
| I have not attended or come into contact with any person/s from any known "Hot Spots" within the last 14 days. | True / False |
| I confirm that I have showered today and have freshly laundered clothing on. | True / False |
| I agree to wear a face mask during the on-road assessment/driving lesson. | Yes / No |
| I agree to sanitize my hands throughout the services provided to me. | Yes / No |
| Where possible, I agree to maintain a social distance of 1.5m from any person/s. | Yes / No |
| I agree to allow the Occupational Therapist to clean down the surface where my off-road assessment is to be held in my home with anti-bacterial wipes. | Yes / No /
NA |
| I confirm that, during the on-road assessment or driving lesson, 2 windows must be open at all times and that the air conditioning cannot be used. Also that the air vents must be set to receive air from outside the car. | True / False |
| The Occupational Therapist/Driving Instructor confirms that the car has been cleaned prior to client entering. | True / False |

By signing below I declare that I have read, understood and answered correctly this waiver. I confirm that my details are recorded in a confidential database for purposes only of contact tracing and will be given to NSW Health only if they formally request DriveAbility Rehab or Frost Driving School to do so.

Client Name:

Date:

Signature:

OT/DI:

Date:

Signature: