



## COVID-19 Vaccine Transportation Service Form

Driver declaration of good health and compliance with Government mandated safety precautions:

<input type="checkbox"/>	They will wear a face mask or covering during the entire ride to and from the passenger's destination
<input type="checkbox"/>	They will not drive if they have COVID-19, think they have it, or have related symptoms
<input type="checkbox"/>	They will keep vehicles clean and sanitize their hands frequently
<input type="checkbox"/>	They will leave windows open when possible and avoid recirculated air when possible
<input type="checkbox"/>	They will not allow passengers to sit in the front seat

Name (please print):

Signature or initials:

Date:

Passenger declaration of good health and compliance with Government mandated safety precautions:

<input type="checkbox"/>	They will wear a face mask or covering during the entire ride to and from their destination
<input type="checkbox"/>	They will not take the ride if they have COVID-19, think they have it, or have related symptoms
<input type="checkbox"/>	They will keep the rear portion of the vehicle clean and sanitize their hands frequently
<input type="checkbox"/>	They will leave windows open when possible and avoid recirculated air when possible
<input type="checkbox"/>	They will not request to sit in the front seat

Name (please print):

Signature or initials:

Date: