



STATE OF CONNECTICUT

DEPARTMENT OF MOTOR VEHICLES
60 STATE STREET WETHERSFIELD, CONNECTICUT 06161

<https://www.ct.gov/dmv>



As part of driver’s license testing, we are requiring that the applicants be asked the following screening questions on the day of the test, prior to appearing before the Agent/Inspector for testing:

1. Have you tested positive for the Coronavirus within the past 14 days?
 Yes No

2. Have you been in close contact with a person that has tested positive for the Coronavirus or who has symptoms of Coronavirus (fever, chills, persistent cough, etc.)?
 Yes No

3. Do you currently have a fever*, or have you had a fever* within the last 14 days?
***Temperature greater than 100.0°F.**
 Yes No

4. Do you have any of the following:

a. New or worsening cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Stomach pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Diarrhea?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Loss of taste and/or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Unusual body aches or muscle pains?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Headache?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Chills or repeated shaking with chills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Shortness of breath or difficulty breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Sore throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. New loss of taste or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE NOTE:

- If the applicant says yes to any of the aforementioned questions, they will not be tested.
- The Agent/Inspector providing the test must be advised that the person will not be tested due to potential exposure risk.

Signature of Applicant: _____

Date: _____