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RDCT

*Registered in England & Wales, No. 6744379, and limited by guarantee. Registered charity No. 1127052*

*Registered office: Royston Hospital, London Road, Royston, Herts. SG8 9EN*

*We’ll take you where you need to go*

COVID-19 DRIVERS DISCLAIMER

It is important that Royston & District Community Transport (RDCT) ensures the safety of its drivers and clients at all times. In particular you should carefully consider the risks to your health and that of your household. Please therefore read through this document.

I confirm that I am driving for RDCT at my own request and have not been solicited by RDCT to do so.

I confirm that I am not in a vulnerable category with underlying medical conditions.

 I am not in a shielded category as set out by HM Government.

I confirm that I have considered the medical implication to members of my household.

I confirm that I have received, read, understood, and will comply with RDCT’s risk assessment on Transporting Passengers During Covid-19 Pandemic.

I understand that should I or anybody in my household develop any symptoms of Covid-19, or be informed as part of the Test & Trace procedure that we have been in contact with a person who has tested positive for Covid-19, I will immediately cease driving and contact RDCT’s Office Manager.

A)

For your safety please check that you have none of the following which will make transporting clients too dangerous for your safety:

* Solid organ transplant recipients. People with specific cancers:

People with cancer and are having chemotherapy

People with lung cancer and are having radical radiotherapy

People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment

* People having immunotherapy or other continuing antibody treatments for cancer
* People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
* People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
* People with severe respiratory conditions including all cystic fibrosis, severe asthma, and severe COPD.
* People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
* People on immunosuppression therapies sufficient to significantly increase risk of infection.

B)

Please check whether you have any of the following conditions which increase your risk of suffering severe Covid-19 disease, should you catch Covid-19 from any client you might transport

* Chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis.
* Chronic heart disease, such as heart failure
* Chronic kidney disease
* Chronic liver disease, such as hepatitis
* Chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
* Diabetes
* A weakened immune system as the result of medical conditions or medication
* Problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
* Being seriously overweight (a body mass index (BMI) of 40 or above)
* Those with poorly controlled hypertension, secondary hypertension, or hypertension with an associated cardiac condition.

**Please sign and date statement (a) (b) or (c) below:**

1. Having considered the risks to my health from catching Covid-19 and aware that I do not have any conditions listed in sections A & B above, I knowingly take responsibility to continue my client transport role.

Signed ………………………………… Date……………………….

Name…………………………………………………..

1. Having considered the risks to my health from catching Covid-19 and aware that I that I do not have any condition listed in section A above but have one condition listed in section B above, I knowingly take responsibility to continue my client transport role.

Signed ………………………………… Date……………………….

Name…………………………………………………

 (c ) Having considered the risks to my health from catching Covid-19, I would prefer to drive without passengers and only collect and deliver shopping and prescriptions or similar.

Signed ………………………………… Date……………………….

Name…………………………………………………