|  |  |
| --- | --- |
| Covid-19 Car Share Passenger Agreement-19 Car Share Agreement | Logo  Description automatically generated |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | |  | | |  | |  |  | | | | | |
|  | First Name | | |  | | | Middle Name | |  | Last Name | | | | | |
| **I DO Agree** | |
| Please tick | |
| **I DO NOT Agree** | |
| Please tick | |
| To follow and comply with PPE guidance when car sharing. I will wear a mask at all times when inside the vehicle. As a passenger I must sit in the back on the opposite the driver’s side. | | | | | | | | | | | | | | | | |
| Should my driver break the conditions of this agreement I am to inform:  CLINICIAN CARE  [0345 894 2264](tel:08458942264)  cliniciancare@catalystgrp.co.uk | | | | | | | | | | | | | | | | |
|  | | |  | |  |  | | | | | | |  | | | |
| Signature: | | |  | |  | Date of Signature | |  | | |  |  | |  |  | |
|  | | |  | |  |  | |