



Manhattan Beach Unified School District
COVID-19 Pre-Screening for Adults

Please note: Per the State Health Officer order issued on August 11, 2021, any parent volunteer approved to be working on school campus must show proof of vaccination or a negative COVID-19 test.

Date of Visit: _____

Name: _____

Phone Number: _____

On-campus activity & location: _____

Others involved: _____

Is the amount of time interacting with others on campus more than 15 minutes? Yes No

Over the past 48 hours, have you had any of the following new symptoms that are not related to another condition?

Table with 3 columns and 4 rows of symptoms: Chills, Cough, Digestive issues, Fatigue, Shortness of breath, Loss of taste or smell, Muscle pain, Nausea or vomiting, Congestion or runny nose, Headache, Sore throat.

Yes

No

In the past 48 hours, have you felt feverish, had a measured temperature greater than 100.4°F, or had difficulty breathing?

Yes

No

In the past ten (10) days, have you been in close contact* with, or do you live in a household with, anyone who has a confirmed COVID-19 diagnosis or who has COVID-19 symptoms, who is waiting to take a COVID-19 test, or who is waiting for test results?

Yes

No

*Please note that close contact is defined as being within six (6) feet of another person(s) for a cumulative amount of time that is 15 minutes or more over the course of any 24-hour period. Symptoms associated with possible COVID-19 diagnosis include fever > than 100.4 degrees F; feeling feverish (chills, sweating); cough; shortness of breath; new loss of taste or smell; fatigue; runny or stuffy nose; muscle or body aches; headache; sore throat; nausea or vomiting; and diarrhea. You do not need to answer 'yes' to this question if you have no symptoms AND you either are fully vaccinated for COVID-19 OR have recovered from laboratory confirmed COVID-19 in the past three (3) months (90 days).

Have you tested positive for COVID-19 in the last ten (10) days, are you waiting for test results because of COVID-19 symptoms, or are you currently under isolation or quarantine orders?

Yes

No

Please note that employer-required screening/surveillance tests not prompted by COVID-19 symptoms or a potential COVID-19 exposure are not included in this question.