

MBUSD Pre-Screening (Adult)



Note: As of 10/15/21, any parent volunteer approved to be working on campus must show proof of vaccination or a negative COVID test.

Date: _____

Name: _____

Phone: _____

On-campus activity & location: _____

Others involved: _____

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

- Chills
- Cough
- Digestive problems
- 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 10 days, have you come into 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?

Note that close contact is defined as being within 6 feet of the other person 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 include fever \geq 100.4 degrees; 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 3 months (90 days).

Yes _____ No _____

Have you tested positive for COVID-19 in the last 10 days, are you awaiting testing results because of COVID-19 symptoms, or are you currently under isolation or quarantine orders? Employer-required screening/surveillance testing not prompted by COVID-19 symptoms or a potential COVID-19 exposure is not included in this question.

Yes _____ No _____