

# 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. *You do not need to answer yes to this question if you were a close contact but have been cleared to return to work/school by a school official.*

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. *You do not need to answer yes to this question if you tested positive more than five (5) days ago and have been cleared to return to work by a school official.*

Yes \_\_\_\_\_ No \_\_\_\_\_

# MBUSD Pre-Screening (Student)

\*for parent use when screening app is not accessible



Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student's Teacher/Counselor: \_\_\_\_\_

**Over the past 48 hours, has your student had any of the following new symptoms that are not related to another condition?**

- New Cough
- Digestive problems
- Nausea or vomiting
- Congestion or Runny Nose
- Headache
- Sore Throat

Yes \_\_\_\_\_ No \_\_\_\_\_

**In the past 48 hours, has your student felt feverish, had a measured temperature greater than 100.4° F, or had difficulty breathing?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**In the past 10 days, has your student come into close contact with, or does your student live in a household with, a person who has COVID-19 symptoms who is waiting to take a COVID-19 test, is waiting for test results, or has a confirmed case of COVID-19?** 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 in adults 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 your student was a close contact but has been cleared to return to school by a school official.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Has your student tested positive for COVID-19 in the last 10 days, are you awaiting testing results for your student because of COVID-19 symptoms, or is your student currently under isolation or quarantine orders?**

Screening/surveillance testing required by the District, school, or other program, when not accompanied by COVID-19 symptoms or a potential COVID-19 exposure, as well as testing required under modified quarantine when not accompanied by COVID-19 symptoms, are not included in this question. **You do not need to answer yes to this question if your student tested positive more than five (5) days ago and has been cleared to return to school by a school official.**

Yes \_\_\_\_\_ No \_\_\_\_\_