

MBUSD Visitor Sign-In



Date: _____

Name: _____

Phone: _____

Purpose for visit: _____

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
- Shortness of breath
- Loss of Taste or Smell
- Muscle pain
- Nausea or vomiting

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 _____

Have you traveled outside of California in the past 10 days?

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' of the other person for a cumulative amount of time that is 15 mins or more over the course of any 24 hr period. Possible symptoms of COVID-19 include having a measured temp greater than 100.4, feeling feverish (chills, sweating), new cough (different from baseline), shortness of breath, muscle or body aches, diarrhea or vomiting, or new loss of taste or smell.)

Yes _____ No _____

In the last 10 days, have you attended any indoor social gatherings with others outside of your household, outside of those permitted by LACDPH guidelines? (Supervised educational settings, outdoor sports conditioning, faith based services, and outdoor protests following LACDPH guidelines are allowed and not considered social gatherings. In addition, social gatherings are permitted as follows: outdoor gatherings with 3 or fewer households and 15 or fewer individuals are permitted, indoor gatherings where all participants are fully vaccinated (at least two weeks past their last dose) are permitted, and indoor gatherings between fully vaccinated individuals and unvaccinated individuals from a single household are permitted. People at higher risk of severe illness or death from COVID-19 and people with symptoms of COVID-19 are not permitted to participate in social gatherings)

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 surveillance testing not prompted by COVID-19 symptoms or a potential COVID-19 exposure is not included in this question.**

Yes _____ No _____

Signed: _____