

Machar COVID-19 Screening Form for Entry into MGJDS

In compliance with current guidelines, to enter MGJDS you must confirm the following:

1. I am not now and in the past five days have not experienced any of these symptoms (circle any that you are or have experienced):

Cough • Shortness of breath • Difficulty breathing • Loss of taste or smell • Sore throat • Headache • Fever or chills • Congestion • Muscle or body aches • Nausea or vomiting • Diarrhea • Fatigue

2. In the past 10 days I have not had a positive COVID-19 test. _____

3. Within the past 10 days, no public health or medical professional has advised me to self-monitor, isolate, or quarantine because of concerns about COVID-19. _____

4. I have not been in close, prolonged contact with anyone with a test-confirmed or suspected case of COVID _____

OR

5. If I have been in close, prolonged contact with someone with a test-confirmed or suspected case of COVID:

A. It has been at least 10 days since that exposure and I have had no symptoms _____

OR

B. I had a negative covid test at least five days after that exposure. _____

If you have answered “yes” to these questions, you may enter MGJDS.

Name (please print) _____

Name (please sign) _____

Phone number _____ Date _____

[revised Feb 2, 2022]