

# Confidential

## Disclosure Form for School Closure Employment

1. Last Name	2. First Name	3. Employee ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Name of School/Department: <input type="text"/>		
5. E-mail Address: <input type="text"/>		6. Phone Number: <input type="text"/>
7. Did you travel during the last 7-14 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes where: <input type="text"/>		
8. Have you been in direct contact with someone who has tested positive for COVID-19 within the past 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when did you last come in contact with that person? <input type="text"/>		

9. You must notify MCISD **before you return to work** by sending an email to your Supervisor, and you must receive written approval to return to work if during the last 7-14 days you have had any COVID-19 related symptoms, such as:

Fever or chills	Cough
Shortness of breath or difficulty breathing	Fatigue
Muscle or body aches	Headache
New loss of taste or smell	Sore throat
Congestion or runny nose	Nausea or vomiting
Diarrhea	

If you are currently experiencing any of the above symptoms, please explain your symptoms to your Supervisor:

As an employee of Mission CISD reporting for essential duties, I agree to have my temperature checked by the Mission CISD nursing department or my Supervisor as needed. I understand that if my temperature is above normal then I cannot report to duty at that time.

Signature:  Date:

**All forms are due no later than 48 hours before your scheduled return to work.**  
Completed forms should be reviewed for approval by employees Supervisor and only forms with concerns emailed to [epache81@mcisd.org](mailto:epache81@mcisd.org). All information will remain confidential via the Human Resources office.

### For Office Use Only:

Cleared for duty

☐

Not Cleared for duty

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