



Mountain View Buddhist Temple
 575 N. Shoreline Blvd.
 Mountain View, CA 94043-3102
 Phone: 650-964-9426 Fax: 650-964-6159

MVBT Self-Health Reporting Questionnaire & Attestation

To prevent the spread of COVID-19 and ensure the health safety of all attendees at any functions held by Mountain View Buddhist Temple (MVBT) organizations or involving Rev. Mukojima, please complete the following attendee questionnaire and attestation.

You will need to present this form when arriving for the meeting/event/service
This form MUST be completed on the SAME DAY as the meeting/service/event.

Date of meeting/event/service you are attending: _____ Time: _____

What meeting/event/service are you attending? If you are attending a service in honor of a loved one/friend, please also list their name.

Your Name: _____
First Last

Please enter the names of any children less than 18 years old attending the meeting/event with you. Anyone over 18 years old should fill out their own individual forms:

Address: _____
#/Street

City State Zip

Email: _____ Phone: _____

Read the below listed statements. If you have any of the below listed symptoms, please do not attend the meeting/event/service and seek medical treatment if needed

1. I do NOT currently have any of the following symptoms nor have experienced any of the following symptoms in the past 10 days:
 - Fever of 100° F or higher
 - New cough
 - New shortness of breath or difficulty breathing
 - Sore throat
 - Runny nose or nasal congestion
 - Headache
 - Nausea or vomiting
 - Diarrhea
 - Severe fatigue or muscle aches
 - Chills or repeated shaking
 - New loss of taste or smell
2. I have NOT tested positive for COVID-19 any time in the past 10 days.
3. I do NOT live with an individual who has tested positive for COVID-19 any time in the past 10 days.
4. I have NOT been in close (less than 6 feet) physical proximity with any confirmed COVID-19 positive individuals in the last 10 days and nor has anyone living in my household.
5. No person(s) residing in or visiting my residence has had a fever, cough, or other flu-like symptoms (any symptoms in #1 above) in the last 10 days.

Attendance to some MVBT events require COVID19 vaccination and booster for those booster eligible. If the meeting/event/service you are attending require vaccination, please fill out the vaccination section below. If the meeting/event/service you are attending does not require vaccination, please indicate so below.

VACCINATION:

For purposes of this attestation, you are considered “fully vaccinated” two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (e.g., Johnson & Johnson/Janssen) AND you have received a booster shot if eligible.

- ____ I and any children attending with me are fully vaccinated for COVID19
- ____ I and/or the children attending with me are NOT fully vaccinated for COVID19
- ____ The meeting/event/service I am attending does not require COVID19 vaccination

ATTESTATION:

- ____ I attest that all of the above statements are TRUE
- ____ One or more of the above statements are NOT true and I will leave then MVBT facilities/ grounds immediately and seek medical treatment if needed

By signing this form, I attest that I understand and will comply with all MVBT H&S guidelines, the Santa Clara County Department of Public Health, the California Department of Public Health, and the Center for Disease Control and Prevention pertaining to COVID-19 health safety. This includes but is not limited to the following safety guidelines:

1. For all indoor or outdoor meetings/events/services at MVBT, all attendees must be wearing a mask, regardless of vaccination status.
2. For any outdoor meeting/events/services off MVBT property, masks are not required but strongly encouraged.
3. Attendees who DO NOT LIVE in the SAME HOUSE should:
 - o Stay at least 6 feet apart and practice good hand hygiene
 - o Avoid holding or shaking hands, hugging, or kissing
 - o Limit sharing items
4. No food or drinks provided at event or meeting. If any individual food or drink consumed, attendees must be a minimum of 6 feet apart. Masks must be put back on immediately when done and hands must be sanitized after eating.
5. If an attendee tests positive for COVID19 within 7 days of the event/meeting/service, that attendee will notify the designated Health Officer or contact MVBT at (650) 964-9426

Date: _____ Time: _____

Signature: _____