

COVID-19 EXAMINERS PRESCREENING - CHECKLIST



PRESCREENING CHECKLIST FOR APPLICANTS TAKING THE MIBBPVC LICENSING EXAM

NOTE: Test Facilitator shall Measure the Applicant's Temperature Prior to Entry into the Testing Facility

ITEM	Description of Information to be Verified Prior to the Examination	YES	NO
1.	Have you traveled outside the State of New Jersey in the last 14 days?		
2.	*Have you travelled internationally in the last 14 days?		
3.	*Have you had close contact with someone who has travelled internationally in the last 14 days		
4.	*Have you been diagnosed as positive or presumed positive for COVID-19?		
5.	*Have you or a family member had exposure to COVID-19?		
6.	*Are you currently under or previously been under quarantine, or have you been contacted by public health officials and put on home isolation within the past 14-days?		
7.	*Do you have a general feeling of tiredness or abnormal fatigue?		
8.	*Have you had at temperature measured over 100.4 °F, within the past 14-days?		
9.	*Have you or anyone you have been in contact with complained of possible signs of the COVID-19 virus, such as but not limited to Muscle aches? Severe headache?		
10.	*Have you had a sustained cough in the last 7 days?		
11.	*In the last 14 days, have you been to a facility that has experienced Coronavirus cases?		
12.	If you answered "Yes" to question 1 above, have you self-quarantined for a minimum of 14-days and have you shown no symptoms of COVID-19?		

NOTE: ¹Item #1 The Test Facilitator must provide to the Examiner on the day of the test, an emailed or scanned copy of a signed affidavit from the applicant if they have traveled to any State that is on the State of NJ Self Quarantine Advisory

* If your answer is "YES" to items #2 to #11 above, do not come to the test facility. You must contact the Test Facilitator in order to be rescheduled. However, if you answered yes to item #1 only; you must complete the affidavit as indicated in Note 1 above, and provide a signed affidavit before being allowed to take the test.

After the test applicant has completed the examination, they must leave the test booklet, and any other items supplied for the test, on the table and leave the testing site facility. Do not approach the Examiners Table. The exit shall be clearly marked to ensure there is no confusion where the exit is located. Upon exiting the testing facility, you must return to your car and drive away immediately.

Test Applicant Name: _____

I hereby certify that the above statements are true and correct to the best of my knowledge.

I AGREE to notify the Training Center if any changes occur to the answers above after completion of this document but before my scheduled test date.

Signature: _____

Dated: _____

TEST APPLICANT – DO NOT WRITE BELOW THIS LINE

Date: _____ Examiner: _____ Examiner's Initial: _____

Name and Address of Facility: _____

_____ Number Tested: _____

MIBBPVC Employees Assisting in the Examination: _____

Test Site Facilitator Name: _____