

Please Print, Fill Out and Turn this form in for
EVERY MMB REHEARSAL!

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Student In-School Agreement



- Are you sick with flu-like symptoms?
 _____YES _____NO
- Have you or a family member been tested for COVID-19 in the last 14 days due to a confirmed COVID-19 exposure or symptoms?
 _____YES _____NO
- Have you been exposed to a positive COVID-19 case in the last 14 days?
 _____YES _____NO

Print Name: _____

Date: _____