



TRC COVID-19 Attestation/Medical Screening Form



(one form must be completed for each participant)

Event Name: _____ Date: _____

Parent/Guardian Name (if participant is under 18): _____

Contact Phone: _____ Troop #: _____ Troop Location (city/town): _____

I confirm that I have not/my Scout has not tested positive through a diagnostic test for COVID-19 in the past 10 days.

I confirm that I have not/my Scout has not experienced any symptoms of COVID-19*, including a temperature of greater than 100.4°F, in the past 10 days.

*COVID-19 symptoms include:

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

TEMPERATURE READING
(to be taken at home on the day of the event)
_____ ° F
Time: _____

I confirm that I have not/my Scout has not knowingly been in close or proximate contact* in the past 10 days with anyone who has tested positive through a diagnostic test for COVID 19 or who has or had symptoms of COVID-19.

**Close contact is defined as someone who has been within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes in one day). This includes if:*

- You had direct physical contact with an infected person (hugged them or kissed them)
- You shared eating or drinking utensils
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you

I confirm that I have not/my Scout has not traveled within the past 10 days without complying with requirements of the New York State Travel Advisory.

I agree that if I develop/my Scout develops any of the above symptoms of COVID-19 and/or tests positive for COVID-19 within 14 days of this event, I will promptly notify both unit leadership and Twin Rivers Council.

I understand that throughout the event, I will/my Scout will periodically be screened for symptoms of COVID-19, including temperature checks.

I confirm that I have/my Scout has read, understood, and will comply with all TRC COVID-19 mitigation policies, practices, and guidelines (including those involving mask wearing, physical distancing, and hand hygiene practices).

Participant Signature (all ages): _____

Parent/Guardian Signature (if participant is under 18): _____

Parent/Guardian Name (if participant is under 18): _____