

Beaumont Scout Reservation Pre-camp Screening Form

Name of participant _____ (Circle ONE) Troop Pack # _____

(Circle ONE) Youth Adult Current Body Temperature (in degrees) _____

This form is to assist in identifying potential most communicable diseases including COVID-19 before event participation

Please review the current health status with each youth and adult participant prior to departure on the day of arrival at summer camp. Anyone entering a camp or event must be screened.

Yes No Have you or has anyone in your household: been in close contact in the past 14 days with anyone who has been sick?

Yes No Have you or has anyone in your household: been in close contact with anyone who has been tested for COVID-19 and is waiting for results?

Yes No Are you eligible for a COVID-19 Vaccine?

Yes No Did you receive a COVID-19 Vaccine? When? _____

Signs/symptoms of communicable diseases including COVID-19

- Cough, shortness of breath or difficulty breathing
- Fever or chills
- Muscle or body aches
- New loss of taste or smell
- Nausea, vomiting or diarrhea

Participant Confirmation

(This portion must be signed by the participant who is 18 or older.)

I certify that my answers to the above questions are true.

Signature _____

Date _____