

# Camp Coker

Pee Dee Area Council, BSA

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Body Temp:** \_\_\_\_\_

**Time:** \_\_\_\_\_

COVID-19

## ACTIVE SCREENING QUESTIONNAIRE

Your health and well-being are of the utmost importance and we are taking measures to keep Camp Coker a safe environment for Scouts, Scouters and Visitors. Anyone coming to Camp Coker must be screened and our screening process will include obtaining body temperature and asking the following questions of all visitors.

1. Within the last 14-days, have you, or anyone in your household, experienced a new cough that you cannot attribute to another health condition?

YES

NO

2. Within the last 14-days, have you, or anyone in your household, experienced new shortness of breath that you cannot attribute to another health condition?

YES

NO

3. Within the last 14-days, have you, or anyone in your household, experienced a new sore throat that you cannot attribute to another health condition?

YES

NO

4. Within the last 14-days, have you, or anyone in your household, experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?

YES

NO

5. Within the last 14-days, have you, or anyone in your household, had a temperature at or above 100.4° or the sense of having a fever?

YES

NO

6. Within the last 14-days, have you, or anyone in your household, had any change in the sense of smell or taste?

YES

NO

7. Within the last 14 days, have you, or anyone in your household, had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?

\*(Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes)

YES

NO

**Anyone answering YES to any of these questions or exhibiting a temperature of 100.4 or greater will not be allowed on camp unless determined otherwise by a Pee Dee Area Council designated medical professional.**

Admitted to Camp?

YES

NO

If no state reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Medical Officer Signature

\_\_\_\_\_  
Camper/Visitor Signature