

2021 BLUE RIDGE SCOUT RESERVATION HEALTH SCREENING FORM

Name: _____ **Unit** _____

To Scouts attending Blue Ridge Scout Reservation camps and their families,
 If you are eligible to complete 7 days home screening before camp, in an effort to minimize illness here at camp, we ask that you and your Scout camper do a daily health screen for 7 days before your session starts. The camp session for starts best with healthy Scouts, with good health that begins at home. You must **bring this completed form** to camp on Opening Day.

Please indicate if the Scout camper has any of the following symptoms prior to camp and record a temperature daily. If elevated temperature over 100°F or symptoms are present, please have your camper evaluated by a licensed provider and contact us for further guidance.

Symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- New or unexpected Muscle pain
- Sore throat
- Loss of taste or smell
- Nausea
- Vomiting
- Diarrhea
- Consistent headache

Initial	
	The Scout has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before camp.
	No one in our household has been sick in the 14 days prior to camp
	The Scout has not traveled by air or out of state (except to get to camp) in the 14 days prior to camp
	The Scout has adhered to our state's guidelines regarding COVID-19

Day/Symptom	7	6	5	4	3	2	1
Temperature							

Parent Signature: _____ Date: _____

Scout Signature: _____ Date: _____