

Name: \_\_\_\_\_ Troop #: \_\_\_\_\_ Week: \_\_\_\_\_

## Pre-Activity Health Screening

Dear Troop Families,

In an effort to minimize illness during troop activities we ask that you check on the health of your camper daily beginning 7 days prior to the activity. Please bring this completed form to the activity.

**Your scout will not be able to participate in this activity if this form is missing or incomplete.**

**Please indicate if your camper has any of the following symptoms prior to the activity. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.**

Please verify each statement is true	Symptoms (Symp):
<p><b>1. I, or my child, have not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the last 14 days. Initial: _____</b></p> <p><b>2. Has any member of your household been diagnosed with COVID-19 or is any member of your family awaiting a COVID-19 test result? Initial: Yes _____ No _____</b></p> <p><b>3. No one in our household has been sick in the last 14 days. Initial: _____</b></p> <p><b>4. My child has not traveled by air or traveled out of state in the last 14 days. Initial: _____</b></p> <p><b>5. I, or my child, does not have any of the symptoms listed. Initial: _____</b></p>	<ul style="list-style-type: none"> <li>• Cough</li> <li>• Shortness of breath or difficulty breathing</li> <li>• Fever (100.4°F or higher)</li> <li>• Chills</li> <li>• Muscle Pain</li> <li>• Sore throat</li> <li>• New loss of taste or smell</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Diarrhea</li> </ul>

Start Date of Screening	Day:	7	6	5	4	3	2	1
		Temp/Symp						

*Our signature indicates that we completed this health screening daily for 7 days prior to the activity and to the best of our ability.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scout Signature: \_\_\_\_\_ Date: \_\_\_\_\_