

Mountaineer Area Council – COVID-19 Prevention Program

Participant \_\_\_\_\_ Unit \_\_\_\_\_

This form **MUST** be completed by a parent/guardian or adult participant **THE DAY THE EVENT STARTS**, either before starting travel to the event or upon arrival at the event. Please complete this questionnaire honestly and accurately. We are counting on your honesty to maintain a safe and healthy environment for everyone at the event.

**Has the participant/camper**

- Yes No Tested positive for COVID-19 in the past 14 days?  
Yes No Been diagnosed with COVID-19 in the past 14 days?  
Yes No Been advised by a public health agency to quarantine or isolate themselves within the last 14 days?

**Has the Participant (Camper) had ANY of the following symptoms in the past 10 days?**

- Yes No Cough  
Yes No Shortness of breath or difficulty breathing  
Yes No Fever (over 100.4° F)  
Yes No Chills  
Yes No Repeated shaking with chills  
Yes No Muscle pain  
Yes No Headache  
Yes No Sore throat  
Yes No New loss of taste or smell

**NOTE: Please DO NOT attend if any of the above answers are yes**

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Yes No Does this participant have allergy symptoms? If yes, what symptoms do they have when their allergies are active? \_\_\_\_\_

Yes No Has the participant Recovered from COVID-19

Yes No Has the participant completed COVID-19 vaccination more than 2 weeks ago?

**On My Honor**, the above information is accurate for my child/myself.

Signature: \_\_\_\_\_

Completed by: Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian contact during event \_\_\_\_\_