

Ohio River Valley 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

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 a COVID-19 vaccination (all shots)

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

Signature: _____

Completed by: Name _____ Date _____

Parent/Guardian contact during event _____