

**Appendix II - Personal Pre-camp Screening Form**

Attendee Name: \_\_\_\_\_ Session: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit Type and Number: \_\_\_\_\_

Dear Scouting families,

In an effort to minimize illness at camp we ask that you monitor the health of anyone attending a program beginning at least 14 days prior to its start.

The best program sessions start with healthy Scouts and this begins at home. This form can help you monitor for any symptoms that would interfere with attendance, and should be brought to check in.

**Please indicate if there are any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please consult a licensed provider and contact camp for further guidance.**

**Symptoms (symp):** • Cough • Shortness of breath or difficulty breathing • Fever • Chills • Muscle Pain • Sore throat • New loss of taste or smell • Nausea • Vomiting • Diarrhea

<b>Day:</b>	<b><u>14</u></b>	<b><u>13</u></b>	<b><u>12</u></b>	<b><u>11</u></b>	<b><u>10</u></b>	<b><u>9</u></b>	<b><u>8</u></b>
<b><u>Temp/Symp</u></b>							
<b>Day:</b>	<b><u>7</u></b>	<b><u>6</u></b>	<b><u>5</u></b>	<b><u>4</u></b>	<b><u>3</u></b>	<b><u>2</u></b>	<b><u>1</u></b>
<b><u>Temp/Symp</u></b>							

**Please initial for your Scout(Parents) or yourself (attending adults)**

**1. Attendee has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp.** Initial \_\_\_\_\_

**2. No one in our household has been sick in the 14 days prior to camp.** Initial \_\_\_\_\_

**3. Attendee has not traveled by air or traveled out of state in the 14 days prior to camp.** Initial \_\_\_\_\_

**4. Attendee is aware of the policies in place regarding COVID-19 and programs.** Initial \_\_\_\_\_