

Arrival Screening Checklist

Longhorn Council Contact Tracing Form - Have one form in each vehicle, filled out and ready.

Camp or Facility: _____ Date _____

Circle: Pack, Troop, Crew

Leader in Charge: _____ Unit #: _____ District: _____ Driver or Person Filling Out Form: _____

Use this form to screen each youth and adult Scout or visitor ON ARRIVAL for each of the symptoms, listed in order, to enter a Longhorn Council camp or facility.

- **PART 1. Temperature Check: 100.4 + is automatic "Go Home."** Temperature of 99.2 or higher, but less than 100.4, the person will be asked to begin self-monitoring their temperature twice a day for a minimum of 7 days to determine if the temperature is going up or down, and stay in touch with their unit leader.
- **PART 2. Do you have any of these symptoms.**
If a person answers Yes to any question, they will be politely asked to leave immediately with their group and to begin the standard 14-day quarantine and consult with their physician. Their unit leader & family will be notified.

● PART 2	Reserved: Camp Staff Only			Circle an Answer for each Travel Question and Symptom (Y = yes, N = no).									
Print Names (Indicate Youth or Adult)	Temp check under 100.4.	Turned in Pre-Event Health Screening Form.	Turned in At Risk Form.	Have you been in close contact with someone clinically diagnosed with COVID-19 without wearing proper personal protective equipment within the last 15 days?	Dry Cough	Sore Throat	Shortness of Breath	New Head-ache	Fever or Chills	Nausea, Vomiting or Diarrhea	New Loss of Taste or Smell	Congestion or Runny Nose	New Fatigue, Muscle or Body Aches
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Please fill out this form for each person in EACH vehicle travelling to camp. Temperature screening and turn-in of all required forms will take place on arrival at the camp entrance. Please turn in at the screening station at the Front Gate completed copy of the **BSA COVID-19 Camp-Event "At-Risk" Participant Statement** for each person and this completed **Pre-Event Health Screening Form** for each vehicle.