



COVID-19 PRE-SCREENING QUESTIONNAIRE

Please be aware that this pre-screening form is required of everyone that participates in one of our meetings, activities, events, and/or programs. This includes all Scouts, Leaders, Parents, and Guests. We ask that you be honest in answering these questions, as our goal is to provide for the health and safety of everyone in our programs. If the answer is **YES** to any of the questions below, you will need to stay home until you are able to answer **NO** to all the following questions.

- 1) Within the last 14 days, have you:
 - a. Had a fever of 100.4 or greater
 - b. Cough
 - c. Shortness of breath
 - d. Diarrhea
 - e. Fatigue
 - f. Headache
 - g. Muscle aches
 - h. Nausea
 - i. Loss of taste or smell
 - j. Sore throat
 - k. Vomiting

EVENT: _____
EVENT DATE: _____

YES NO

- 2) Within the last 14 days, have you been in close contact with a person who has tested positive for COVID-19?

YES NO

- 3) Within the last 14 days, have you been in close contact with someone who has been quarantined because of COVID-19?

YES NO

I acknowledge that I have answered the questions above honestly and to the best of my ability.

Name of Participant: _____

Name of Parent (if participant is under 18) _____

Signature: _____ Date: _____

Units are required to keep this form for 6 months from the event date. This form needs to be safeguarded as you would a BSA Medical Form.

