



COVID-19 PRE-SCREEN

Please be aware that the following questions are being asked of everyone that enters our space (Campers, Leaders, Staff, Vendors & Guests). We ask that you be honest in answering these questions, as our goal is to provide for the health and safety of everyone involved in our activities. We will be conducting temperature checks for everyone who joins us (every day in the instance of multi-day events). If you are turned away as a result of temperature screening or the responses you provide, we will do our best to provide you with a refund for the activity.

1) Within the last 10 days have you or anyone in your household had or experienced:

- a fever of 100.0 or greater
- shortness of breath
- fatigue
- muscle aches
- nausea
- sore throat
- cough
- diarrhea
- headache
- body aches
- new loss of taste or smell
- vomiting

YES NO

2) Within the last 10 days, have you been in close contact with a person who has tested positive for COVID-19?

YES NO

3) Within the last 10 days, have you been in close contact with someone who has been quarantined because of COVID-19?

YES NO

EVENT _____
EVENT DATE _____

I acknowledge that I have answered the above questions 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 t his form for 6 months from the event date.
This form needs to be safeguarded as you would a BSA Medical Form. Thank you

