



Temperature Check

Pass ☐

Fail ☐

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) Has the scout/attendee tested positive for COVID-19 in the last 14 days?

YES NO

- 3) Does the scout/attendee live in the same household or have close contact with someone who, in the last 14 days, has been in isolation for COVID-19 or had a test confirming the virus?

YES NO

- 4) Has the scout/attendee or someone in the household traveled from a state on the current "New York Travel Advisory List" or internationally in the past 14 days?

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.

