

Name: _____ Unit Type: _____ Unit #: _____

Event: _____ Date: _____

Pre-Event Health Screening

Dear Families,

In an effort to protect the health of all participants, we ask that you certify the health of your Scout for the 14 days prior to the event. The best events start with healthy Scouts and this begins at home. Please bring this completed form with you, it will be reviewed at the start of the event.

Your camper will not be able to participate if this form is missing or incomplete.

Please verify each statement is true	Symptoms (Symp):
<p>1. I, or my child, have not been around anyone with any of the listed symptoms or a diagnosis of COVID19 in the 14 days before the start of the event. Initial: _____</p> <p>2. No one in our household has been sick in the 14 days prior to the event. Initial: _____</p> <p>3. I, or my child, have not had a temperature greater than 100.4°F in the 14 days prior to the event. Initial: _____</p> <p>4. I, or my child, has not traveled by air or traveled out of state in the 14 days prior to the event. Initial: _____</p> <p>5. I, or my child, have adhered to our state's guidelines regarding COVID19. Initial: _____</p>	<ul style="list-style-type: none">• Cough• Shortness of breath or difficulty breathing• Fever (100.4°F or higher)• Chills• Fatigue• Headache• Muscle or Body Aches• Sore throat• New loss of taste or smell• Congestion/Runny Nose• Nausea• Vomiting• Diarrhea

*Our signature indicates that we completed this health screening form to the best of our ability.
We understand that arriving to the event healthy is vital to a healthy experience for all Scouts.*

Parent/Guardian Signature: _____ Date: _____

Scout Signature: _____ Date: _____