

COVID-19 Attendee Screening Form

This document must be completed by each individual before a troop does any overnight or troop travel. Leaders should keep these completed forms for at least 12 months. If someone answers yes to any questions, they should not participate in the troop activity except as noted with the exceptions below.

Attendee Name: _____ **Date:** _____

Screening Questions:

1. Do you have a fever or above-normal temperature (>100F)?	Yes_____ No _____
2. Have you taken fever-reducing medications in the past 72 hours?	Yes_____ No _____
3. In the past 72 hours, have you had any of the following potential COVID-19 symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and/or diarrhea? <i>*If yes AND you have had a negative COVID-19 test five days after onset of symptoms and have been advised you DO NOT need to isolate or quarantine, you may participate. See Question 5.</i>	Yes_____ No _____
4. If yes, to Question 3: Have you been tested for COVID-19? If yes, date tested _____ and what is the result? ____ Positive ____ Negative ____Awaiting Result	Yes_____ No _____
5. In the last 14 days, have you been in close contact with someone who has a confirmed case of COVID-19, under investigation for COVID-19 or a respiratory illness? A close contact is anyone who was within six feet of an infected person for a total of 15 minutes or more over a 24-hour period (for example, three individual five minute exposures for a total of 15 minutes). <i>*If yes: Individuals who are fully vaccinated and do not have symptoms do NOT need to quarantine after a close contact and may participate. Testing is encouraged three-five days after exposure.</i>	Yes_____ No _____
6. Have you been advised to isolate or quarantine due to symptoms or exposure to COVID-19? If yes: Dates of recommended dates of isolation or quarantine: _____ through _____	Yes_____ No _____