

Troop 1128: Covid-19 Screening Questionnaire

**TO BE COMPLETED BY ALL PARTICIPANTS, PROVIDED TO THE PASM IMMEDIATELY BEFORE THE TRIP.
PARENTS/GUARDIANS WHO ARE DROPPING OFF SHOULD WAIT FOR "ALL CLEAR" BEFORE DEPARTING.**

Participant's Name: _____

| | Yes | No |
|---|--------------------------|--------------------------|
| In the last 14-days, have you tested positive for COVID-19 or been in contact with anyone who has COVID-19 or has exhibited its symptoms? | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|--------------------------|--------------------------|
| In the last 14-days, have you, or anyone you have been in close contact with, traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

| | | |
|--|--------------------------|--------------------------|
| Are you experiencing shortness of breath, new or worsening dry cough, loss of taste or smell, fever of 100.4° or greater, flu-like symptoms, vomiting, diarrhea? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

| | | |
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| Are you experiencing any two of the following symptoms: cough, unexplained extreme fatigue or muscle aches, rash, sore throat, open sore, chills, headache? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

If the answer is "yes" to either of the above questions, the participant must stay home.

| | | |
|---|--------------------------|--------------------------|
| Are you in a higher-risk category as defined by CDC guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

If "yes" to the above question, a doctor's note approving participation is required.

I have reviewed the Troop's COVID-19 safety guidelines and will ensure that:

1. I will wear a facial covering over my mouth and nose at all times except when eating, drinking or in my own tent
2. I will maintain at least a 6' distance from others as much as possible
3. I will bring my own hand sanitizer and use it as needed
4. I have completed any necessary "pack checks" and am responsible for my own gear
5. I will not share my water bottles, snacks or gear
6. I will properly label my water bottles
7. If I test positive for COVID-19, I shall notify Steve Englund, Andre Hollis, Richard Wolfe or Roseann Alvarez so they can notify the BSA council and those who may have been exposed.

Participant's Signature

Scout's Parent/Guardian's Signature

Participant's Name

Phone Number

Address

Email Address