

## TROOP 22 COVID-19 PRE-SCREENING

DATE: \_\_\_\_\_

In the past 24 hours, have you or anyone in your household had any of the following symptoms that are new/not usual for you, and are not due to another known medical condition:

Fever (100.4 F or greater)
Cough, Congestion, or Runny nose
Shortness of breath or difficulty breathing
Flu-like symptoms
Repeated shaking with chills
Fatigue / Muscle or body aches
Headache
Sudden / New Loss of taste or smell
Sore throat
Nausea, Vomiting and/or Diarrhea

Yes	No

**If you answered YES to any of the above – You Should Stay Home.**

	Yes	No
Have you been diagnosed with COVID-19 in the past two weeks with symptoms in the last 10 days? <i>(May participate on the 11th day, if totally symptom free for 10 full days)</i>		
If Unvaccinated: Have you had close contact with someone with Covid-19 in the past 14 days?		
If Unvaccinated: Have you traveled, or had close contact with anyone unvaccinated who traveled, internationally within the last 14 days?		
If Unvaccinated: Have you traveled, or had close contact with anyone unvaccinated who traveled, outside the region in the past 7 days? <i>(May participate on the 8th day, ideally with a negative test taken at least 3 days after travel)</i>		

*\* Fully Vaccinated people are no longer required to self quarantine after traveling.*

**If you answered YES to any of the above four questions – You Should Stay Home.**

Name of Participant: \_\_\_\_\_

Parent/Adult assisting in completing this form: \_\_\_\_\_

Parent/Adult's phone number (reachable during event): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

I agree I have answered the questions on this form accurately, to the best of my knowledge.

**If you exhibit any of the above symptoms, please stay home. If signed up for an activity and now are not able to attend, please contact the leader in charge as soon as possible to let them know you will not be attending.**

updated 06/28/2021