

Health Screening Form for In-person Gatherings

This form is to be completed each time you attend a district or council meeting or in-person gatherings. Please only complete this form within 24 hours of the meeting start time. Every in-person attendee must complete this Health Screening Survey. It ensures that we are doing our due diligence concerning everyone's safety and allows for proper documentation of attendance.

All in-person attendees will have their temperature checked before the start of the meeting.

Please note that anyone may be turned away from a meeting depending on their answers on the Health Screening Form or for having a temperature over 100 degrees when checked upon arrival. If you have any questions about the Health Screening Form or the procedures to attend in-person meetings, please reach out to your Scouting Professional or the council office.

Name _____ Phone # _____

Email Address _____ Meeting Name _____

Please answer the following questions:

1. Within the last 14 days have you had contact with anyone that you know had COVID-19 or COVID-like symptoms? Contact is being 6 feet or closer for more than 15 minutes with a person or having direct contact with fluids from a person with COVID-19.

Yes No

2. Have you had a positive COVID-19 test for active virus in the past 10 days?

Yes No

3. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

Yes No

4. Have you had any of these symptoms within the past 14 days that are not caused by another pre-existing condition?

None of the below

Fever or chills

Cough

Difficulty breathing

Fatigue

Muscle or body pains

Headache

Sore throat

Loss of Taste

Loss of Smell

Congestion