Name: ________________________________
Troop: ______________________________
Council: ______________________________
Campsite: ______________________________

First Day of Camp: ____________________

Temperature and Prescreening Questionnaire

Temperature Log:

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<th>DAY</th>
<th>- 14 Days</th>
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<td>DAY</td>
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<td>- 4 Days</td>
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</table>

To Be Completed before departure:

I am feeling well today: YES______ NO______

Have you experienced any symptoms of COVID-19 within the past two weeks? (cough, shortness of breath, diarrhea, fatigue, headache, muscle aches, nausea, loss of taste or smell, sore throat, vomiting)?  YES______ NO______

In the past two weeks, have you had contact with anyone who has tested positive for COVID-19 or who has been suspected of having COVID-19? YES______ NO______

Temperature ____________

Signature of Participant: ______________________________________

Signature of Parent or Guardian: ________________________________
(If under 18)

Signature of Group leader: ________________________________

Date: _____________________________