

Name: _____

Troop: _____

Council: _____

Campsite: _____

First Day of Camp: _____

Temperature and Prescreening Questionnaire

Temperature Log:

DAY	- 14 Days	- 13 Days	- 12 Days	- 11 Days	- 10 Days	- 9 Days	- 8 Days
Temperature							
DAY	- 7 Days	- 6 Days	- 5 Days	- 4 Days	- 3 Days	- 2 Days	- 1 Day
Temperature							

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: _____