

Participant Full Name: _____

Age _____ Troop/Pack/Crew No. _____

Has the participant had a fever in the last two weeks? If the participant has had a fever for more than three days they cannot attend event.

No. Highest temperature recorded in past two weeks: _____

Yes. If yes, how many days of fever: _____ Highest recorded temperature: _____

Has the participant had any of these symptoms in the past twenty-four hours? If the participant has fever, vomiting, OR diarrhea—he or she should stay home.

No

Fever (100.4 F or greater)

Vomiting

Diarrhea

If the participant has any two (or more) of these symptoms—he or she should stay home. If the participant has one of these symptoms, discuss any limitations and restrictions and consider having him or her stay home.

Unexplained extreme fatigue or muscle aches

Rash

Cough

Sore throat

Open sore

Does the participant have any Covid-19 high risk factors:

Pulmonary Issues: Asthma, COPD, lung disease, other

Heart Conditions

Immunocompromised

Obesity

Kidney or Liver Issues

Diabetes

Over 65 years old

Other known high-risk factors: _____

It is highly recommended anyone with any Covid-19 high risk factor not attend camp/events this year.

I understand the importance of social distancing and taking extra precautions to protect all participants during the Covid-19 pandemic. I understand the risks of attending any events and acknowledge I may contract Covid-19 during travel to and from, or during the event itself, regardless of the extra precautions Aloha Council, my unit, and myself have taken.

Participant Signature (Parent/Guardian's Signature if Participant is a Minor)

_____ Date: _____

| Date (week 1) | Temperature | | | | | | | | | | | Date (week 2) | Temperature |
|---------------|-------------|--|--|--|--|--|--|--|--|--|--|---------------|-------------|
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Participant Signature verifying temperatures (parent/guardian if a minor)

_____ Date _____

Unit Leader completes the following section on day of arrival at event

- Check and record temperature of participant _____. Time _____
- Review first half of this pre-screening questionnaire and discuss issues.
- Review Covid-19 social distancing guidelines.
- Verify participant has a face covering and personal bottle of sanitizer.

Signature of Unit Leader verifying participant is aware of Covid-19 risks, knows how to mitigate contraction, has personal PPE, and does not have a fever/other symptoms at time of arrival.

_____ Date _____

This section to be completed by Check-in/Check-out staff

- Check and record temperature of participant upon camp arrival _____.
- Time _____

- Review first half of this pre-screening questionnaire and discuss issues.
- Review Covid-19 social distancing guidelines.
- Verify participant has a face covering and personal bottle of sanitizer.

Check-in Staff Signature: _____ Date _____

- Check and record temperature of participant at check-out _____ Time _____
- Referral made
- No referral made

Check-out Staff Signature: _____ Date _____