

Participant Full Name: _____

Age _____ Troop/Pack/Crew No. _____

Has the participant had a fever* in the last **two days (48 hours)**? If the participant has had a fever in the last **two days (48 hours)** they may not attend event. (*any temperature reading of 99.6°F or higher for 48 hours is a fever and participant may not attend event.)

	Date	Temperature
2 days before event		
1 day before event		

Has the participant had any of these symptoms in the past twenty-four hours? If the participant has any of these symptoms, participant may not attend event.

- No
- Vomiting
- Diarrhea
- Sore throat
- Cough

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
- 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 if they are not vaccinated.

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: _____

Print Name of Parent/Guardian

Name of Participant

This section to be completed by Check-in staff

- Check temperature of participant upon camp arrival. ***If participant has a temperature of 100.4°F, they will not be allowed to attend.***
- Review page 1 of this pre-screening questionnaire. If there are any questionable answers, a senior staff member will be contacted to take over check-in.
- Verify participant has completed ***Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 form*** (Waiver Form).
- Verify participant has a face covering.

Check-in Staff Signature: _____ Date _____