



COVID-19 Screening Questionnaire

NOTE: Red lettering denotes an addition or change since the last version

BEFORE ENTERING A MEETING OR EVENT, ANY ATTENDEE, INCLUDING SCOUTS, LEADERS, OR OTHER VISITORS MUST HAVE A COMPLETED SCREENING QUESTIONNAIRE AND UNDERGO A TEMPERATURE CHECK.

Any person with a temperature of or above 100.0 F or with a YES answer to a question below will not be admitted to the meeting/activity.

Name: _____ (Circle one): Youth Adult

Unit Type (circle one): Pack Troop Crew Ship Unit #: _____ other _____

Unit Leader: _____ Date: _____

The following questions MUST be answered by the Adult participant or by parent/legal guardian of youth under age 18. "You" refers to the person requesting entrance to the meeting/event/property.

YES NO Are you or anyone in your household experiencing symptoms of COVID-19 including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea? (List as per [CDC website](https://www.cdc.gov/covid19/symptoms) 8/3)

YES NO Did you take any medications to lower a fever in the past 24 hours?

YES NO Have you been in close contact (within 6 feet for 10 minutes or more) with anyone who tested positive for COVID-19 in the past 14 days? **Healthcare professionals who work in a facility with a defined PPE and COVID-19 testing/monitoring policy in place can answer no to this question."

YES NO Have you traveled to any of the following states in the past 14 days? Alabama, Arkansas, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Louisiana, Mississippi, Missouri, Nevada, North Dakota, Oklahoma, South Carolina, South Dakota, and Tennessee. (List as of 9/11) [Click Here](#) for more information/FAQ

I acknowledge that the above information is true and correct to the best of my knowledge. I understand that these questions are intended to reduce the potential of, but cannot eliminate, exposure to COVID-19. I agree to contact COL if this participant tests positive for COVID-19 within 14 days of attendance at a meeting, activity, or council property. **We recommend those in the higher-risk categories as defined by the CDC stay home to reduce your risk of exposure.**

Signature of Person completing form: _____

If Parent/Guardian - Name of Person completing form & Relationship:: _____

Contact phone number: _____ Contact email: _____

For Office Use Only

Temperature at check-in is below 100.0F YES NO Initialed: _____ Date: _____