

Troop 23 pre-event medical screening checklist

Scout Name:	
Parent Signature:	
Date:	

Please answer the below questions:

1. Have you been in close contact with anyone who has tested positive for Covid-19 within the last 14 days? Yes / No
2. Have you been out of state within the last 14 days?
  - i. Yes, please list where \_\_\_\_\_
  - ii. No
3. Have you been sick in the last 7 days? Yes / No
4. Have you had a temperature of 100.4 or higher in the last 7 days? Yes / No
5. Have you show any symptoms of Covid-19 in the last 7 days? Yes / No

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Please answer the below questions:

6. Have you been in close contact with anyone who has tested positive for Covid-19 within the last 14 days? Yes / No
7. Have you been out of state within the last 14 days?
  - i. Yes, please list where \_\_\_\_\_
  - ii. No
8. Have you been sick in the last 7 days? Yes / No
9. Have you had a temperature of 100.4 or higher in the last 7 days? Yes / No
10. Have you show any symptoms of Covid-19 in the last 7 days? Yes / No