

Del-Mar-Va Council, Inc. Boy Scouts of America

COVID-19 SCREENING QUESTIONNAIRE

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. For overnight events, temperature checks and symptom monitoring should be done daily to watch for potential cases.*

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 Q1 - Are you or anyone in your household awaiting test results for COVID-19 or 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](#) 2/2021)

YES NO Q2 - Did you take any medications to lower a fever in the past 24 hours?

YES NO Q3 - Are you or someone you have been in close contact (within 6 feet for 10 minutes or more) awaiting a COVID test, or have 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."

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 Del-Mar-Va Council 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 continue to 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: _____