



ACTIVITY SCREENING FORM

THIS FORM IS TO BE COMPLETED THE DAY THAT A SCOUT/LEADER IS ATTENDING A SCOUTING ACTIVITY.
THIS REQUIRES A 7-DAY TEMPERATURE CHECK IN ADVANCE OF DEPARTURE.

A PARENT MUST SIGN FOR THE SCOUT (UNDER 18) | SCOUT/LEADER 18+ SIGNS THEIR OWN FORM

Each Scout/leader/parent will need to submit the following form at check-in before entry.
[Activity Screening Form \(below\)](#)

Each Scout/leader/parent will need to retain the following form at all events.
[BSA Annual Health and Medical Record, Parts A and B](#)

SCOUT/LEADER FULL NAME

DATE OF BIRTH

AGE

EMERGENCY CONTACT NAME

RELATIONSHIP

PHONE NUMBER

DAILY TEMPERATURE CHECK

Please record your Scout's and/or your temperature for seven days prior to their/your arrival.
You **must** record their/your temperature at same time each day.

DAY ONE	DAY TWO	DAY THREE	DAY FOUR	DAY FIVE	DAY SIX	DAY SEVEN
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE

I/MY CHILD HAS BEEN FEVER FREE FOR THE PAST SEVEN DAYS

INITIAL HERE

OVER >



SYMPTOMS IN THE LAST TWO WEEKS — *Check any that apply:*

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> DIARRHEA | <input type="checkbox"/> FEVER | <input type="checkbox"/> CHANGE IN TASTE OR SMELL |
| <input type="checkbox"/> BODY ACHES | <input type="checkbox"/> COUGH | <input type="checkbox"/> CHANGE IN APPETITE |
| <input type="checkbox"/> PERSISTENT HEADACHE | <input type="checkbox"/> CHILLS | <input type="checkbox"/> GENERALLY NOT FEELING WELL |
| <input type="checkbox"/> SORE THROAT | <input type="checkbox"/> VOMITING | |
- If any above apply to you or your Scout, you/they may not attend.*

<input checked="" type="checkbox"/> I/MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 14 DAYS	INITIAL HERE
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PRE-EXISTING ILLNESSES

Check any that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> CHRONIC PULMONARY PROBLEMS | <input type="checkbox"/> DIABETES | <input type="checkbox"/> CARDIOVASCULAR DISEASE |
| <input type="checkbox"/> RESPIRATORY DISEASE <i>including</i> ASTHMA | <input type="checkbox"/> IMMUNOCOMPROMISED | <input type="checkbox"/> WEAKENED IMMUNE SYSTEM |
| | <input type="checkbox"/> CANCER | <input type="checkbox"/> HEART DISEASE |
| | <input type="checkbox"/> BLOOD DISORDERS | (STRUCTURAL OR FUNCTIONAL) |
| | <input type="checkbox"/> KIDNEY OR LIVER DISEASE | |

Individuals with pre-existing conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. I understand that my/my child's pre-existing illness increases the implied risk of COVID-19.

<input checked="" type="checkbox"/> I UNDERSTAND THE IMPLIED RISK OF PRE-EXISTING ILLNESSES	INITIAL HERE
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CONTACT HISTORY — *Check any that apply:*

- The individual has been diagnosed with COVID-19.
- The individual has a close contact that has been in contact with someone exposed to or infected with COVID-19 in the last 14 days. (**Not applicable to health care workers/professionals*)
- The individual has a household member currently on a watch list for COVID-19 exposure.

If any above apply to you or your Scout, you/they may not attend.

<input checked="" type="checkbox"/> I VERIFY THAT I HAVE ANSWERED ALL QUESTIONS TRUTHFULLY	INITIAL HERE
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The health and safety of our Scouts is our #1 priority. In light of the COVID-19 pandemic, we think it is important that you understand our efforts to manage your Scout's health and safety so that you can make an informed choice. We are focused on taking reasonable measures to prevent the spread of COVID-19 at our Scouting events.

This situation continues to change daily, and as such, we will adapt and adjust our protocols and procedures as we continue to consult with and incorporate guidelines from federal, state, and local health officials in our efforts to help keep our Scouting families and staff safe.

Ultimately, the choice for your child to attend a Scouting event is a personal one, and you are in control.

<input checked="" type="checkbox"/> I CONSENT TO THE ABOVE DISCLOSURE FOR FALL EVENTS 2020	INITIAL HERE
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PARENT/ADULT SIGNATURE

DATE

