



# CAMPER SCREENING FORM

THIS FORM IS TO BE COMPLETED ON THE MORNING OF THE DAY THAT A SCOUT OR LEADER IS LEAVING FOR CAMP.  
**A PARENT MUST SIGN FOR THE SCOUT (UNDER 18) | SCOUT/LEADER 18+ SIGNS THEIR OWN FORM**

Each Scout and leader will need to submit the following forms at the unit's swim test.

1. Camper Screening Form (below)
2. BSA Annual Health and Medical Record, Parts A, B, and C

SCOUT/LEADER FULL NAME	DATE OF BIRTH	AGE
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EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE NUMBER
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## DAILY TEMPERATURE CHECK

Please record your Scout's and/or your temperature for seven days prior to their/your arrival at camp.  
You **must** record their/your temperature at same time each day.  
Day 7 should be the day you leave for camp.

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

<input type="checkbox"/> I/MY CHILD HAS BEEN FEVER FREE FOR THE PAST SEVEN DAYS	INITIAL HERE
<input type="checkbox"/> I/MY CHILD HAS BEEN DIAGNOSED WITH COVID-19 AND HAS BEEN SYMPTOM FREE/CLEARED FOR PARTICIPATION	INITIAL HERE
<input type="checkbox"/> I/MY CHILD HAS RECEIVED A COVID-19 VACCINATION	INITIAL HERE
<input type="checkbox"/> I/MY CHILD HAS NOT HAD COVID-19 OR THE VACCINE	INITIAL HERE



**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 camp.*

<input 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 including 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 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 camp.*

<input 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 in our camps. We have strengthened our standard cleaning procedures, taken measures to monitor and address symptomatic campers by introducing this pre-camp health screening, daily temperature checks, and protocols to isolate, confirm, respond, and remove any Scouter or staff with suspected COVID-19. **You can view more measures we're taking by visiting [hoac-bsa.org/camp-safety](https://www.hoac-bsa.org/camp-safety).**

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 campers, staff, and Scouting families safe.

Ultimately, the choice for your child to attend summer camp is a personal one, and you are in control. If you are uncomfortable with the risks of COVID-19 in a summer camp setting, we will give a full refund. Please review the current refund policy at <https://www.hoac-bsa.org/camping-resources>.

<input type="checkbox"/> I CONSENT TO THE ABOVE DISCLOSURE FOR SUMMER 2021	INITIAL HERE
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PARENT / ADULT SIGNATURE

DATE

