BOY SCOUTS OF AMERICA®
HEART OF AMERICA COUNCIL

COMPLETE EACH MORNING

Daily In-Campsite Health Screening

You will need one copy of this form for each day your unit is in camp. Fill in the roster with the names of all Scouts and Leaders attending camp, including part time Leaders. This is a fillable PDF for the roster section. Make 6 copies of the form.

Designate a troop leader to handle the morning screening. Each Scout must be screened for the symptoms noted and a temperature taken and recorded. This form must be completed before your Scouts may leave your campsite.

Any Scout or Leader with symptoms, or a fever, must be escorted to the Health Lodge for evaluation. It is possible that they *won't* be cleared if they have symptoms. For the safety of all, more stringent and restrictive rules are in place this year. A Scout is Trustworthy. Scouts are expected to be completely honest in reporting symptoms. Dishonesty could impact the health of many.

Troop No. ___________	☐ MONDAY	☐ TUESDAY	☐ WEDNESDAY	☐ THURSDAY	☐ FRIDAY	☐ SATURDAY

SCOUT OR LEADER'S NAME	Not Present in Campsite		Fever	Shortness of Breath	Dry Cough	Chills	Muscle Aches	Sore Throat	Loss of Taste	Vomiting	Diarrhea	Headache	NO SYMPTOMS		Record Temperature