

Scout Troop 497

Baltimore Area Council, BSA
Sponsored By St. Joseph's Church
Texas, Maryland

Covid-19 Activity Questionnaire

Please complete the following form and present to the troop leaders at the event.

Should any of the questions, 1-11, be answered yes, your son may not be able to participate in the activity. Thank you for your understanding.

Have you experienced any of the following symptoms in the last 2-14 days? (Questions 1 thru 5)

1. Temperature higher than 100.4 F (38°C)

Yes, my temperature is above
 No, my temperature is below

Temperature measured at event: _____ °F

2. Cough (without known chronic cause)

Yes No

3. Shortness of breath

Yes No

4. Sore throat

Yes No

5. Diarrhea (gastrointestinal distress)

Yes No

Have you experienced two (2) or more of the following symptoms in the last 2-14 days? (Questions 6 thru 9)

6. Muscle pain (without known chronic cause)

Yes No

7. Chills and/or repeated shaking with chills

Yes No

8. Headache (without known chronic cause)

Yes No

9. New loss of taste or smell

Yes No

10. Have you or your son had close contact in the last 14 days with an individual diagnosed with COVID-19?

Yes No

11. Have you or your son traveled internationally in the last 14 days?

Yes No

If any of the questions above were answered with a "Yes", we kindly ask you not to participate in the activity. If there are extenuating circumstances, please discuss it with the leader in charge of the activity. He or she is the ultimate decision maker. Thank you for your understanding.

12. Have you been fully vaccinated 14 days prior to the start of this event.

Yes No

Parent/Adult Confirmation - I confirm that the answers correct and accurate.

Scout Name

Parent or Guardian Signature

Date

Form Revised: 8 April 2021