

COVID-19 Attendee Screening Form

This document must be completed by each individual before a troop does any overnight or troop travel. Leaders should keep these completed forms for at least 12 months. If someone answers yes to any questions, they should not participate in the troop activity.

Attendee Name: _____

Date: _____

Screening Questions:

1. Do you have a fever or above-normal temperature (>100F)?	YES ___ NO ___
2. Have you taken fever-reducing medications in the past 72 hours?	YES ___ NO ___
3. Have you been experiencing shortness of breath or having trouble breathing?	YES ___ NO ___
4. In the past 72 hours, have you had a dry cough?	YES ___ NO ___
5. In the past 72 hours, have you had a runny nose?	YES ___ NO ___
6. In the past 72 hours, have you had a sore throat?	YES ___ NO ___
7. Have you recently lost or had a reduction in your sense of smell or taste?	YES ___ NO ___
8. In the past 72 hours, have you had any other flu-like symptoms, such as gastrointestinal upset, headache, muscle pain or fatigue?	YES ___ NO ___
9. In the past 72 hours, have you had chills or repeated shaking with chills?	YES ___ NO ___
10. Have you been tested for COVID-19?	YES ___ NO ___
If YES, date tested _____ & what is the result?	
___ Positive ___ Negative ___ Awaiting result	
11. In the last 14 days, have you been in contact with someone who has a confirmed case of COVID-19, under investigation for COVID-19 or a respiratory illness?	YES ___ NO ___
12. In the last 14 days, have you traveled to any foreign country?	YES ___ NO ___
If YES, where? _____	
13. In the last 14 days, have you traveled to a state outside of NC?	YES ___ NO ___
If YES, where? _____	