

TROOP PRE-SCREENING QUESTIONNAIRE

Due to the ongoing COVID-19 Pandemic, all attendees are required to complete this form prior to any in-person activity or meeting. Your attendance is subject to approval upon completion of this form. The screening procedures are being enforced to keep our Scouts, family members and volunteers as well as the rest of your loved ones safe and healthy.

| | YES | NO |
|--|-----|----|
| Has the attendee or anyone in your household travelled outside the US in the past 2 weeks (14 days) IF YES, WHERE _____ | | |
| Has the attendee or anyone in your household travelled outside of Maryland in the past 2 weeks (14 days) IF YES, WHERE _____ | | |
| In the past 2 weeks (14 days) has the attendee or anyone in your household had contact with any person suspected to have contracted coronavirus (COVID-19)? Including being <i>tested</i> for COVID-19, & being in <i>self isolation</i> for COVID-19 | | |
| In the past 2 weeks (14 days) has attendee or anyone in your household had contact with any person confirmed to have contracted coronavirus (COVID-19)? | | |
| Has the attendee currently been exposed to someone with flu-like symptoms (cough, shortness of breath or fever)? | | |
| <i>PLEASE CIRCLE IF SYMPTOMS ARE CURRENTLY BEING EXPERIENCED BY ATTENDEE</i> | | |
| In the LAST 72 HOURS has the attendee or anyone in your household experienced: | | |
| FEVER | | |
| COUGHING | | |
| SORE THROAT | | |
| DIFFICULTY BREATHING, SHORTNESS OF BREATH OR WHEEZING | | |
| MUSCLE ACHES | | |
| STOMACH PAINS | | |
| VOMITING OR DIARRHEA | | |
| PINK EYE/ RED EYES | | |
| RASH | | |
| FATIGUE OR FEELING UNWELL | | |

****Please return this form to the responsible Troop representative when completed****

By signing below, you certify that the answers above are true. Failure to answer truthfully or withholding information intentionally may be subject to applicable laws during this pandemic.

Attendee/Parent or Guardian: _____ **Date:** _____

Attendee Name (Printed): _____ **Attendee temp:** _____