

Camp/Activity Participant Pre-Screening Form

Date: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Youth/Adult Participant Name: \_\_\_\_\_

Name of Camp/Activity: \_\_\_\_\_

Unit Type: (Circle One) Pack Troop Crew Post Ship Other: \_\_\_\_\_

Unit #: \_\_\_\_\_

Please document the following for all youth and/or adults participating in camps or activities sponsored by the Tidewater Council, Boy Scouts of America.

**Influenza/Respiratory History:** (Indicate "Yes" or "No")

Do you have any of the following symptoms?

Yes  No -Fever equal to or greater than 37.8° C or 100° F or feverishness

Yes  No -Body Aches, Headache

Yes  No -Sore throat, Nasal congestion

Yes  No -Cough

Yes  No -Muscle Aches, Myalgias, Fatigue

Yes  No -Vomiting, Diarrhea

**If (2) TWO or more boxes are checked "yes" above, give the patient a regular mask to wear and instruct them to keep it on until told it is ok to take it off.**

**The medical officer or appropriate staff member will determine if any participant needs to be quarantined and parents of youth members called to pick them up from the camp/activity. The medical officer or appropriate staff member may also determine that an adult is unable to participate based on the above criteria.**

Credit to: Southeast Louisiana Council,BSA