

PRE-CAMP HEALTH SCREENING

Sam Houston Area Council

To be completed by each attendee and presented upon arrival at camp.

Name: _____ Date of birth: _____

Scout Adult leader Staff Visitor

Pack Troop Crew Ship # _____

In the past 24-48 hours, has the participant had any of the following signs/symptoms?
Check all boxes that apply.

SCREENING BEFORE ARRIVAL

Date: _____ Time: _____

- Fever 100 F or greater
- Vomiting/Nausea
- Diarrhea
- Cough, not associated with asthma
- Shortness of breath
- Difficulty breathing
- Chills
- New loss of taste or smell
- Contact with someone who is sick.

Please describe: _____

Current Temperature: _____

Signature of screener (parent, leader, self)
Required for all screenings

SCREENING AT EVENT

Date: _____ Time: _____

- Fever 100 F or greater
- Vomiting/Nausea
- Diarrhea
- Cough, not associated with asthma
- Shortness of breath
- Difficulty breathing
- Chills
- New loss of taste or smell
- Contact with someone who is sick.

Please describe: _____

Current Temperature: _____

Signature of event health screener
Required for all screenings

FOR STAFF USE ONLY

- Outcome after screening:
- Attended event (green placard)
 - Quarantined at event in the isolation area (red placard)
 - Excluded / did not attend event