

Troop 65 COVID-19 SCREENING QUESTIONNAIRE

The safety of our Scouts, Leaders, and Scout families is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our scout "family", we are asking everyone to complete and submit this questionnaire prior to entering the Scout Property. Please do not enter the Scout Property until your responses have been reviewed and your entry has been approved.

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and our other employees.

1. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (**Please take your temperature before you answer this question.**)

| YES | NO | | YES | NO | |
|-----|----|---------------------|-----|----|--|
| | | Cough | | | Head or muscle Aches |
| | | Shortness of Breath | | | Nausea, diarrhea, vomiting |
| | | Chills | | | New Loss of Taste/Smell |
| | | Sore Throat | | | Fever (100.4° F/37.8° C or greater using oral thermometer) |

2. In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?

Yes ☐ No ☐

3. In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?

Yes ☐ No ☐

4. Have you been tested for COVID-19 and are waiting to receive test results?

Yes ☐ No ☐

5. Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?

Yes ☐ No ☐

NOTE: If you have tested positive for COVID-19 or have been presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms, please contact your manager or human resources representative when: (1) you have had no fever for at least 72 hours (3 full days), without the use of fever-reducing medications; (2) your other symptoms have improved; and at least 7 days have elapsed since your symptoms first appeared.

6. In the past 14 days, have you been on a commercial flight or traveled outside of the United States?

Yes ☐ No ☐

7. In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?

Yes ☐ No ☐

8. Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If "yes", please provide a brief explanation.

Yes ☐ No ☐

REASONS/NOTES:

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Print Name: _____ Date: _____

Signature: _____ Phone: _____

Temp: _____