

Camper/Staff Name: \_\_\_\_\_ Unit: \_\_\_\_\_ Campsite: \_\_\_\_\_ Session: \_\_\_\_\_



BOY SCOUTS OF AMERICA®  
DENVER AREA COUNCIL

### DEPARTURE DAY SCREENING

#### TO BE COMPLETED BY EACH PERSON ATTENDING CAMP/OUTING

- Yes  No Have you or has anyone in your household been in close contact\* in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?
- Yes  No Have you or has anyone in your household been in close contact\* with anyone who has been tested for COVID-19 and is awaiting results?
- Yes  No Have you or has anyone in your household been sick in the last 14 days, or have you or they been tested for any illness and are awaiting results?
- Yes  No Has anyone in your household been exposed to a individual known or suspected to have COVID-19 in the past 14 days?
- Yes  No Have you or anyone you have been in close contact\* with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?

\*According to the Centers for Disease Control and Prevention (CDC), "close contact" means:

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period
- You had direct physical contact with an infected person (hugged or kissed them)
- You shared eating or drinking utensils
- An infected person sneezed, coughed or otherwise got respiratory droplets on you

**STOP! If any of the above questions were answered "YES" the participant must stay home.**

Do you have any symptoms of COVID-19?

- Shortness of breath
- Cough
- Fever of 100 degrees or greater
- Flu-like symptoms
- Repeated shaking with chills
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Nausea or vomiting

#### **\*\*Potential Higher-Risk Individuals\*\***

Are you in a higher-risk category as defined by the CDC guidelines, including older adults, people with medical conditions, and those with other individual circumstances?

Yes  No

*If yes, we recommend you stay home. Should you choose to participate, you must have approval from your health care provider.*

By signing below, the Camp or Outing Scoutmaster, Coordinator or other adult is acknowledging that this check was performed on the above named Scout at the time of departure for camp and that based upon this screening, they are able to come to camp.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_