

Individual Health Pre-Screening

Please Bring This Completed Form With You For Check In

Name: Lodge: Cohort:

Beginning ten days before departure, please assess and record daily the following information:

1. Please take and record your temperature.
2. Please answer the following questions:
 - a. Have you been diagnosed with or exposed to someone who has COVID-19 or is suspected of having COVID-19?
 - b. Are you exhibiting any of the following symptoms?
 - i. Fever or chills
 - ii. Cough
 - iii. Shortness of breath or difficulty breathing
 - iv. Fatigue
 - v. Muscle or body aches
 - vi. Headache
 - vii. New loss of taste or smell
 - viii. Sore throat
 - ix. Congestion or runny nose
 - x. Nausea or vomiting
 - xi. Diarrhea
 - c. How do you feel generally?

DATE:	Apr. 7	Apr. 8	Apr. 9	Apr. 10	Apr. 11	Apr. 12	Apr. 13	Apr. 14	Apr. 15	Apr. 16
Temperature (°F)										
COVID exposure?										
Any Symptoms?										
Overall Feeling										

Please take note if you display any of these symptoms below or feel sick in any way 10 days before the event:

1. Cough and/or shortness of breath or difficulty breathing; or exposure to COVID-19.
2. At least two or more of other symptoms listed in (b) above.
3. Any temperature recording in the 10 days leading up to the event that is $\geq 99.5^{\circ}\text{F}$.

If you do feel sick or display any of these symptoms, we ask that you not attend the event. Please contact the Section at registration@sr7b.org if you have any questions concerning a refund for the event.

Please sign below stating that the above information is true and that you agree to follow the scout oath and law at the event. This means following all guidelines put in place including mask wearing, social distancing, etc. You also agree to stay within your cohort for the entirety of the event so as to make sure we can hold a successful, fun, and safe Conclave for all those that attend. If you need more information, please refer to the SR7B website at sr7b.org.

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