**Den/Pack Meeting Pre-Screening for Scouts**

**Scouts Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents:** Please complete this short checklist before each den/pack meeting and activity. Report your child’s information to den leaders before each meeting/activity. If we do not have this information, your scout can not participate in the den/pack meeting or activity.

**SECTION 1: Symptoms**

If your scout has any of the following symptoms, that indicates a possible illness that may decrease the scout’s ability to participate and also put them at risk for spreading illness to others. Please check your scout for these symptoms: Please circle yeas or no.

|  |  |  |
| --- | --- | --- |
| *Temperature 100.4 degrees Fahrenheit or higher when taken by mouth* | **Yes** | **No** |
| *Sore Throat* | **Yes** | **No** |
| *New uncontrolled cough that causes difficulty breathing* | **Yes** | **No** |
| *Diarrhea, vomiting or abdominal pain* | **Yes** | **No** |
| *New onset of severe headache, especially with a fever* | **Yes** | **No** |

**SECTION 2: Close Contact/Potential Exposure**

|  |  |  |
| --- | --- | --- |
| *Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19: OR* | **Yes** | **No** |
| *Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to SARS-CoV-2; OR* | **Yes** | **No** |
| *Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases* | **Yes** | **No** |
| *New uncontrolled cough that causes difficulty breathing (for scouts with chronic allergic/ asthmatic cough, a change in their cough from baseline)* | **Yes** | **No** |
| *Live in areas of high community transmission* | **Yes** | **No** |

**Parents Name/Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Den Leader Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_