

### 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