

Camper/Staff Name: _____ Troop #: _____ Session: _____ Campsite: _____



BOY SCOUTS OF AMERICA®
DENVER AREA COUNCIL

Pre-Camp 14 Day Health Screening

Dear Camp Families,

A healthy camp starts at home! In effort to minimize illness at camp, we ask that you check the health of your camper (or yours if you are a adult or staff member) daily 14 days prior to camp. Please bring this form to camp upon arrival.

14 Day Screening

Please record the body temperature and if there are any symptoms that day. Symptoms include cough, shortness of breath, fever, chills, muscle pain, sore throat, new loss of taste or smell, nausea, vomiting or diarrhea.

Start Date: _____ **Last Date:** _____

Day:	14	13	12	11	10	9	8
Temp:							
Symptoms:							
Day:	7	6	5	4	3	2	1
Temp:							
Symptoms:							

My Scout or myself suffers from seasonal allergies: YES or NO (circle one) If yes, what are the symptoms? _____

On the Last Day, Please Read and Sign Below:

____ (Initial) My Scout or myself has not had contact with anyone who has tested positive or has been presumed positive for COVID-19 in the last 14 days.

____ (Initial) My Scout or myself has not been in contact with anyone with influenza-like symptoms or has been sick in the last 14 days.

____ (Initial) My Scout or myself has not traveled on a cruise ship, internationally, or to an area that is currently under travel restrictions in the last 14 days.

____ (Initial) My Scout or myself has adhered to our state’s guidelines regarding COVID-19.

____ (Initial) I understand that Denver Area Council is a regional camp and accepts participants from all over the country and potentially internationally.

____ (Initial) If I am in the “higher-risk” category for COVID-19, I have discussed the risk with my health care provider.

The below signature indicates that this health screening was completed honestly each day for 14 days prior to camp to the best of our ability.

Camper Signature: _____ Date: _____

Parent or Guardian if Under 18 Signature: _____ Date: _____