



**BOY SCOUTS
OF AMERICA**
VERDUGO HILLS COUNCIL

Summer Camp COVID-19 Pre-Participation Questionnaire

Name: _____
Last
First
Middle

Date of Birth: _____ (MM/DD/YYYY) Age: _____

Cell Phone: _____ E-mail: _____

Gender: _____ Activity: _____

Please complete this form to assess your potential exposure / possession of COVID-19 and other illnesses.

Are you currently free from illness? Yes No **Current Temperature:** _____ °F

Do you have a history of pneumonia? Yes No

Are you currently experiencing any of the following?

SYMPTOM	YES	NO	LENGTH OF SYMPTOM	EXPLANATION
Fever				
Body Chills				
Extreme Level of Fatigue				
Cough				
Pain/ Difficulty Breathing				
Shortness of Breath				
Sore Throat				
Body/Muscle Aches				
Loss of Taste				
Loss of Smell				
Change to Vision/Eye Discharge				
Diarrhea				
Unexplained Headache				

QUESTION	YES	NO
2-14 days prior to experiencing these symptoms, did you experience a suspect exposure to COVID-19?		
Have you been around anyone who has been sick?		
Have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/or is an area reporting an increasing number of COVID-19 cases (i.e. "hot spots")?		
Have you had any direct contact with someone that has a suspected or lab confirmed case of COVID-19?		
In the 14 day prior to this event, did you self-quarantine due to a suspected case of exposure to COVID-19?		
In the 14 day prior to this event, have you been living in, or have visited an area reporting an increasing number of COVID-19 cases (i.e. "hot spots")?		

