Camp screening form
(To be used while campers and adults on are on site)

On going screening instrucitons: Adults and Scouts will check tempatures and symptoms once daily while on site starting on Monday. Complete this form by checking the approperate boxes for each day and time. If a camper reportss subjective fever, measured remperature of 100 or higher, or any of the following symptons, the scout or Adult will be separated from others and sent home with a full refund.

Scouts Name:_____ **Week attending:**_____ **Camp attending:**_____
Parent/Adult Name:_____ **Parent/Adult Phone:**_____ **Parent/Adult email:**_____
Troop Number:_____ **Council:**_____

Symptoms (check all that apply)																
Day	Date	Time	Temp	Fever	Sore throat	Shortness of breath	Runny nose	Chills Cough	Muscle aches	Fatigue	Abdominal pain	Nausea vomiting	Diarrhea	Headache	None	Other
1																
2																
3																
4																
5																
6																