

Lincoln Heritage Council, BSA  
12001 Sycamore Station Place  
Louisville KY 40299

COVID Pre Screening form to be filled out by youth and adults attending council program activities.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_  
St \_\_\_\_\_ Zip \_\_\_\_\_

Youth/ Adult: Circle one. Type and Unit number \_\_\_\_\_ Date of prescreening: Saturday October 17, 2020

Name of event you are attending: Haunted Woods Location of Event: Camp Crooked Creek

Answer these questions. Circle Y(Yes) or N(No)

1. Do you have any of these symptoms that are not caused by another condition?

- |  |     |
|--|-----|
| a. Fever or chills                             | Y/N |
| b. Cough                                       | Y/N |
| c. Shortness of breath or difficulty breathing | Y/N |
| d. Fatigue                                     | Y/N |
| e. Muscle or body aches                        | Y/N |
| f. Headache                                    | Y/N |
| g. Recent loss of taste or smell               | Y/N |
| h. Sore throat                                 | Y/N |
| i. Congestion                                  | Y/N |
| j. Nausea or vomiting                          | Y/N |
| k. Diarrhea                                    | Y/N |

2. Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms? Contact is being 6 feet (2 meters) or closer for more than 15 minutes with a person or having direct contact with fluids from a person with COVID-19 (for example, being coughed or sneezed on).

Y/N

3. Have you had a positive COVID-19 test for active virus in the past 10 days?

Y/N

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

Y/N