

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. Please note that if you are feeling ill at all even congestion and prolonged headaches do not come to this event.

First Name: _____ Last Name: _____

Email address: _____ Phone: _____

Mailing address _____ City _____
St _____ Zip _____

Youth/ Adult: Circle one. Type and Unit number _____ Date of prescreening: _____

Name of event you are attending: _____ Location of Event: _____

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