

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)

**If the answer to any of the following questions is "YES", then everyone from the entire household must stay home.**

1. Do you or anyone in your household 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

**If you are a potential higher risk individual as defined by the CDC guidelines (older adult, underlying medical conditions etc.) then it is recommended that you stay home. If you choose to participate, you should get approval from your health care provider.**