

Name: _____

Unit: _____

Council: _____

Campsite: _____

Temperature and Prescreening Questionnaire

Temp log:

Day	14	13	12	11	10	9	8
Temperature							
Day	7	6	5	4	3	2	1
Temperature							

To Be Completed before departure:

I am feeling well today: YES_____ NO_____

Have you experienced any symptoms of COVID-19 within the past two weeks? (cough, shortness of breath, diarrhea, fatigue, headache, muscle aches, nausea, loss of taste or smell, sore throat, vomiting)? YES_____ NO_____

Have you had contact with anyone who has tested positive for COVID-19 or who has been suspected of having COVID-19? YES_____ NO_____

I understand that by filling out this form I accept and acknowledge the inherent risk involved with participating in an event during the COVID-19 pandemic, and I assume all responsibility for my health condition. Initial here: _____

Temperature (taken by staff at start of event): _____

Signature of
Participant: _____

Signature of Parent or
Guardian: _____

(If under 18)

Signature of Group
leader: _____

Date: _____

