Camper/Staff Name:_____Troop #:_____ Session:_____ Campsite:_____

BOY SCOUTS OF AMERICA
PIKES PEAK COUNCIL

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Pre-Camp 14 Day Health Screening

Dear Camp Families,

A healthy camp starts at home! In effort to minimize illness at camp, we ask that you check the health of your camper (or yours if you are a adult or staff member) daily 14 days prior to camp. Please bring this form to camp upon arrival.

14 Day Screening

Please record the body temperature and if there are any symptoms that day. Symptoms include cough, shortness of breath, fever, chills, muscle pain, sore throat, new loss of taste or smell, nausea, vomiting or diarrhea.

Start Date: _____ Last Date:_____

Day:	14	13	12	11	10	9	8
Temp: Any Symptoms:							
Day:	**7**	**6**	**5**	**4**	**3**	**2**	**1**
Temp: Any Symptoms:							

On the Last Day, Please Read and Sign Below:

_____ (Initial) My Scout or myself (if the participant or staff) has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the last 14 days.

_____ (Initial) Nobody in the household has been sick in the 14 days prior to camp.

_____ (Initial) My Scout or myself (if the participant or staff) has not traveled by air or out-of-state in the 14 days prior to camp.

_____ (Initial) My child has adhered to our state's guidelines regarding COVID-19.

The below signature indicates that this health screening was completed honestly each day for 14 days prior to camp to the best of our ability.

Camper Signature: _____ Date:_____

Parent or Guardian if Under 18 Signature: _____ Date: _____