

**COVID-19 Screening Form for All In-Person Meetings & Activities**  
**Greater Niagara Frontier Council, BSA**

This form must be completed by all Scouts, volunteers, and family members who are present at any Scouting Activities or Meetings. Forms must be completed each day for multi-day events. The forms must be collected and maintained by the Unit Leadership for a minimum of three (3) years from the date of completion.

Name: \_\_\_\_\_

Scouting Role (Please circle one):      Scout              Leader              Family Member

Unit # & Type: \_\_\_\_\_ District: \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ I confirm that I have not experienced any symptoms associated with COVID-19 in the past 14 days, including:

- Fever ( $\geq 100.4$  degrees Fahrenheit)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

**If you are experiencing any of these symptoms, contact your personal doctor.**

\_\_\_\_ I have discussed my symptoms with my doctor and have confirmation they are not related to COVID-19 (e.g. migraines, allergies, etc.)

\_\_\_\_ I confirm that I have not tested positive for COVID-19 in the last 14 days.

\_\_\_\_ I confirm that I have not been in close physical contact with anyone who is either confirmed or suspected to be infected with COVID-19 in the last 14 days.

**If you are unable to confirm that you meet these criteria, you must immediately leave the Scouting activity.**