

# Suggested Pre-Screening for Scout Meetings

Scouts Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents:** Please complete this short checklist before each den/pack meeting and activity. If we do not have this information or if you answer yes to any of the question, your scout can not participate in the scout meeting or activity.

## SECTION 1: Symptoms

If your scout has any of the following symptoms, they will not be able to participate for today.

Please check your scout for these symptoms: Please circle yes or no.

<i>Temperature 100.4 degrees Fahrenheit or higher</i>	Yes	No
<i>Sore Throat</i>	Yes	No
<i>Diarrhea, vomiting or abdominal pain</i>	Yes	No
<i>New onset of severe headache, especially with a fever</i>	Yes	No

## SECTION 2: Close Contact/Potential Exposure

<i>Had close contact with a person with confirmed COVID-19: OR</i>	Yes	No
<i>Had close contact with a person under quarantine for possible exposure to COVID-19:</i>	Yes	No
<i>Traveled out of the state of Kansas</i>	Yes	No
<i>New uncontrolled cough that causes difficulty breathing (for scouts with chronic allergic/asthmatic cough, a change in their cough from baseline)</i>	Yes	No
<i>Live in areas of high community transmission</i>	Yes	No

Parents Name/Signature: \_\_\_\_\_

Leader Signature: \_\_\_\_\_

Please return this to your Unit Leader.