

Mt. TAHOMA AND DUWAMISH DISTRICT CAMPOREE COVID-19 SURVEY

**FILLED OUT BY PARTICIPANT BEFORE CAMPOREE**

Pack# \_\_\_\_\_ Troop # \_\_\_\_\_ Post # \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_

NAME: (FIRST AND LAST)

FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

**PARENT EMAIL AND PHONE IS FINE**

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

**FILLED OUT BY STAFF AT CAMPOREE BEFORE ENTERING**

1. FILLED OUT AND COMPLETER WAVIER	YES	NO
2. CURRENT TEMP AT TIME OF CHECK IN	1 <sup>ST</sup> : _____	2 <sup>ND</sup> : _____
3. COMPLETE MEDICAL FORM A and B	YES	NO
4. IN LAST 14 DAY BEEN NEAR SOMEONE WITH a. FEVER OVER 100.4 b. DRY COUGH c. MUSCLE ACHES d. SORE THROAT e. HEADACHE f. FATIGUE g. DIFFICULTY BREATHING	YES	NO
5. IN LAST 14 DAY HAVE YOU HAD ANY SIGNS OF a. FEVER OVER 100.4 b. DRY COUGH c. MUSCLE ACHES d. SORE THROAT e. HEADACHE f. FATIGUE g. DIFFICULTY BREATHING	YES	NO

STAFF PRINT: \_\_\_\_\_

STAFF SIGN: \_\_\_\_\_

TIME: \_\_\_\_\_

(ONLY IF QUESTION 4 AND 5 ANSWERED YES OR FORM IS NOT FILLED OUT)

CAMPOREE CHAIRPERSON: \_\_\_\_\_

**THIS FORM IS ONLY GOOD FOR ONE PERSON ONLY**

**QUESTION ASK CAMPOREE SCOUTMASTER (CHAIRPERSON)**