

Health Status Questionnaire – Camper (Youth and Adult)

All Scouts/Leaders/Parents MUST complete this questionnaire before entry into camp can be granted, no matter how brief your stay will be. This is solely for the protection of our Scouts, Leaders, Volunteers and Employees. Please circle correct answer.

1. In the past 10 days have you had direct contact with someone that has tested positive or is suspected of having COVID-19? Yes or No

2. Have you tested positive through a diagnostic test for COVID-19 in the past 10 days? Yes or No

3. Do you feel feverish or have a temperature over 100.4 degrees? Yes or No

4. Do you have a new (last 72 hours) persistent cough or difficulty swallowing? Yes or No

5. Have you been told to Quarantine by the health department or your doctor? Yes or No

6. Have you experienced any change in the ability to taste or smell or experienced any chills or headaches? Yes or No

7. Do you have any feeling of nausea or diarrhea? Yes or No

8. Have you traveled within the past 10 days and not complied with requirements of the New York State Travel Advisory? Yes or No

Name (printed): _____

By signing below, I certify that the above answers are true to the best of my knowledge.

Parent/Guardian Name – Printed

Signature (if over 18)

Date signed: _____

Time: _____