

Camp/Activity Participant Pre-Screening Form

Youth/Adult Participant Name: _____ Date: _____

Name of Camp/Activity: _____

Unit Type: (Circle One) Pack Troop Crew Post Ship Other: _____

Unit #: _____ District: _____

Please document the following for all youth and/or adults participating in camps or activities sponsored by the Stonewall Jackson Area Council, Boy Scouts of America.

Influenza/Respiratory History: (Indicate "Yes" or "No")

Do you have any of the following symptoms?

1. Yes No -Fever equal to or greater than 37.8° C or 100° F or feverishnessAnd **any** of the following:2. Yes No -Nasal congestion3. Yes No -Sore throat4. Yes No -Cough

If #1 AND any other box (#2, #3, #4) are checked "yes" above, the person named on this form should see a Health Care Provider PRIOR to arriving at a camp/activity. BRING THIS COMPLETED FORM WITH YOU TO CAMP!

The medical officer or appropriate staff member will determine if any participant needs to be quarantined and parents of youth members called to pick them up from the camp/activity. The medical officer or appropriate staff member may also determine that an adult is unable to participate based on the above criteria.

Reproduce form locally and bring completed form to camp/activity with you. This form and additional information is available at www.campshenandoah.org and www.bsa-sjac.org.