



Revised June 8, 2021

COVID-19 Screening Questionnaire

BEFORE COMING TO CAMP ANY ATTENDEE OR VISITOR MUST HAVE A COMPLETED SCREENING QUESTIONNAIRE AND UNDERGO A TEMPERATURE CHECK.

Any person with a temperature of or above 100.0F will need to be monitored by the Health Director and may not be admitted to HMSR. Anyone with a YES answered to a question below will NOT be admitted to HMSR. For overnight camping it is recommended that you check your temperature for 10 days prior.

Name: _____ (Circle one): Youth Adult
 Unit Type (circle one): Pack Troop Crew Unit#: _____ other _____
 Unit Leader: _____ Date: _____

The following questions MUST be answered by the Adult participant or by the parent/legal guardian of youth under age 18. "You" refers to the person requesting entrance to the meeting/event/property.

- YES NO Q1 – are you or anyone in your household awaiting test results for COVID-19 or experiencing symptoms of COVID-19 including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea? (List as per [CDC website 2/2021](#))
- YES NO Q2 – Did you take any medications to lower a fever in the past 24 hours?
- YES NO Q3 – **Are you or someone you have been in closes contact (within 6 feet for 10 minutes or more) awaiting a COVID test or have tested positive for COVID-19 in the past 14 days? **Healthcare professionals who work in a facility with a defined PPE and COVID-19 testing/monitoring policy in place can answer NO to this question.**

I acknowledge that the above information is true and correct to the best of my knowledge. I understand that these questions are intended to reduce the potential of, but cannot eliminate, exposure to COVID-19. I agree to contact HMC if this participant tests positive for COVID-19 within 14 days of attendance at camp or camp property. We recommend those in the higher-risk categories as defined by the CDC stay home to reduce your risk of exposure.

Signature of Person completing form: _____
 If parent/guardian – name of person completing form & relationship: _____
 Contact phone number: _____ Contact email: _____

For Office Use Only

Temperature at check-in is below 100.0F YES NO

This information will be discarded by the Hawk Mountain Council 30 days after the date listed above.

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