

Attendee COVID-19 Pre-Screening Form

Attendee Name _____ Troop Number: _____
 Phone Number: _____ Date: _____

***If you are a parent/guardian filling this out for your child please respond to the questions as the child.**

| | |
|---|----------------|
| 1. Do you have a fever or above-normal temperature (>100F)? | YES ___ NO ___ |
| 2. Have you taken fever reducers in the past 72 hours? | YES ___ NO ___ |
| 3. Have you been experiencing shortness of breath or having trouble breathing? | YES ___ NO ___ |
| 4. In the past 72 hours, have you had a dry cough? | YES ___ NO ___ |
| 5. In the past 72 hours, have you had a runny nose? | YES ___ NO ___ |
| 6. In the past 72 hours, have you had a sore throat? | YES ___ NO ___ |
| 7. Have you recently lost or had a reduction in your sense of smell or taste? | YES ___ NO ___ |
| 8. In the past 72 hours, have you had any other flu-like symptoms, such as gastrointestinal upset, headache, muscle pain or fatigue? | YES ___ NO ___ |
| 9. In the past 72 hours, have you had chills or repeated shaking with chills? | YES ___ NO ___ |
| 10. Have you been tested for COVID-19? | YES ___ NO ___ |
| If YES, date tested _____ & what was the result? | |
| ___ Positive ___ Negative ___ Awaiting result | |
| 11. In the last 14 days, have you been in contact with someone who has a confirmed case of COVID-19, under investigation for COVID-19 or has a respiratory illness? | YES ___ NO ___ |
| 12. In the last 14 days, have you traveled to a foreign country? | YES ___ NO ___ |
| If YES, where? _____ | |

13. In the last 14 days, have you traveled to a state outside of Illinois?

YES ___ NO ___

If YES, where? _____

If you responded “YES” to any question 1-9 please do not attend the event.

If you have tested positive for COVID-19 in the last 14 days please do not attend the event.

If you have been in contact with someone who has a confirmed case of COVID-19 within the last 14 days or is under currently investigation for COVID-19 please do not attend the event.