



# COVID-19 Screening Questionnaire

**BEFORE ENTERING A MEETING OR EVENT, ANY ATTENDEE, INCLUDING SCOUTS, LEADERS, OR OTHER VISITORS MUST HAVE A COMPLETED SCREENING QUESTIONNAIRE AND UNDERGO A TEMPERATURE CHECK.**

***Any person with a temperature of or above 100.0 F or with a YES answer to a question below will not be admitted to the meeting/activity.***

Name: \_\_\_\_\_ (Circle one): Youth    Adult

Unit Type (circle one): Pack    Troop    Crew    Ship    Unit # : \_\_\_\_\_    other \_\_\_\_\_

Unit Leader: \_\_\_\_\_    Date: \_\_\_\_\_

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

YES    NO    Are you or anyone in your household experiencing symptoms of COVID-19 including cough, fever, loss of taste, or trouble breathing?

YES    NO    Did you take any medications to lower a fever in the past 24 hours?

YES    NO    Have you been in close contact (within 6 feet for 10 minutes or more) with anyone who tested positive for COVID-19 in the past 14 days?

YES    NO    Have you traveled to any of the following states in the past 14 days? Alabama, Arizona, Arkansas, California, Florida, Georgia, Idaho, Iowa, Kansas, Louisiana, Mississippi, Nevada, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Utah. (List as of July 20, 2020. Refer to PA guidelines for updates)

I acknowledge that the above information is true and correct to the best of my knowledge. Any person answering yes to any of the above questions will not be admitted to the meeting/activity/property. I understand that these questions are intended to reduce the potential of, but cannot eliminate, exposure to COVID-19. I agree to contact COL if this participant tests positive for COVID-19 within 14 days of attendance at a meeting, activity, or council property.

Signature of Person completing form: \_\_\_\_\_

If Parent/Guardian - Name of Person completing form: (please print): \_\_\_\_\_

Contact phone number: \_\_\_\_\_    Contact email: \_\_\_\_\_

Relationship if completed for youth: \_\_\_\_\_

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Temperature at check- in: \_\_\_\_\_ Initialed: \_\_\_\_\_ Date: \_\_\_\_\_