BOY SCOUTS OF AMERICA®
GREATER NEW YORK COUNCILS

COVID-19 Symptoms Screening Survey for Camping & Activites

- Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has had symptoms of COVID-19?
  - Yes
  - No
- Have you tested positive for COVID-19 in the past 14 days?
  - Yes
  - No
- Have you experienced any symptoms of COVID-19 in the past 14 days?
  - Yes
  - No
    - 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
    - Diarrhea
- Please take your temperature, and classify the reading based on the following categories:
  - Temperature less than 100.4
  - Temperature at or above 100.4

I, _____ (*name of participant*) understand that I have answered the above questionnaire to the best of my knowledge and truthfully. I also understand while the GNYC has done everything in their ability to ensure the health & safety of all participants and visitors, it does not mean there is no risk. I will do my part and keep 6 feet distance and wear a face covering when social distance cannot be maintained.

_____ _____

(email address) *(phone number)*

_____ _____

(Participant Signature/ Parent Guardian if under 18) *(Date)*