

BWC Health Activity Health Screen

Each scout and adult leader must complete this screener before they come into contact with other scouts or adult leaders.

Name of Scout / Adult Leader: _____

Date: _____

Recorded Temperature: _____

| Yes | No | (Mark "X" in appropriate box) |
|-----|----|---|
| | | Temperature > 100.4 |
| | | Have you had a fever within the last 14 days? |
| | | Have you had a forceful dry cough or productive cough within the last 14 days? |
| | | Have you had difficulty breathing or shortness of breath within the last 14 days? |
| | | Have you had chills or repeated shaking with chill within the last 14 days? |
| | | Have you had new unexplained muscle pain within the last 14 days? |
| | | Have you had new or atypical headache for you within the last 14 days? |
| | | Have you had nausea, vomiting or diarrhea within the last 14 days? |
| | | Have you had a sore throat within the last 14 days? |
| | | Have you had a recent sudden loss of taste or smell? |
| | | Have you had contact* with a person with a confirmed case of COVID-19? |
| | | Have you had contact* with a person with a suspected case of COVID-19? |

**Contact is defined as less than 6 feet separation for more than 15 minutes without adequate personal protective equipment.*

If any response is Yes, then the scout or adult leader cannot participate in the activity. The scout or adult leader should socially isolate immediately and contact their primary health care provider to seek further medical advice.