

**Camp/Activity Participant Pre-Screening Form**

Date: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Youth/Adult Participant Name: \_\_\_\_\_

Name of Camp/Activity: \_\_\_\_\_

Unit Type: (Circle One) Pack Troop Crew Post Ship Other: \_\_\_\_\_

Unit #: \_\_\_\_\_

Please document the following for all youth and/or adults participating in camps or activities sponsored by the East Carolina Council, Boy Scouts of America.

<p><b>Influenza/Respiratory History:</b> (Indicate "Yes" or "No")</p> <p>Do you have any of the following symptoms?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No -Fever equal to or greater than 37.8° C or 100° F or feverishness</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No -Nasal congestion</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No -Sore throat</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No -Cough</p>
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**If (2) TWO or more boxes are checked "yes" above, give the patient a regular mask to wear and instruct them to keep it on until told it is ok to take it off.**

**The medical officer or appropriate staff member will determine if any participant needs to be quarantined and parents of youth members called to pick them up from the camp/activity. The medical officer or appropriate staff member may also determine that an adult is unable to participate based on the above criteria.**