



Camp Chief Little Turtle COVID-19 Screening Tool

NAME: _____

District: _____ Unit: _____ Date at Camp: _____

Phone Number: _____ Email: _____

Realizing that symptoms of COVID-19 can occur 2-14 days after exposure we need EVERYONE to fill out this questionnaire for the safety of EVERYONE attending our camp. Please answer the following questions:

In the past 24 hours, have you experienced...

Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No
Yes / No

Fever?
Chills?
Fatigue?
Muscle Aches?
Cough?
Sneezing?
Sore Throat?
Headaches?
Shortness of Breath?
New LOSS of taste or smell?

Yes / No

In the past 14 days, have you been in close contact with anyone who has exhibited any of the above symptoms of COVID-19?

Yes / No

In the past 14 days, have you been in close contact with anyone who has tested positive for COVID-19?

Yes / No

I agree to wear a face mask while in a group setting or close contact with non-family members.

Yes / No

I will do my best at trying to maintain social distancing of 6-feet or more between Non-family members.

Camp USE

Temperature: Acceptable (<99.9 F) _____ Abnormal (>100.0 F) _____

by: _____

NOTES: _____