

COVID-19 Form for Meeting Location

Print as many as you need and keep for the check in process.

Participant #	Name	Temperature	Cough	Shortness of Breath?	Sore Throat?	Runny Nose/Nasal Congestion	Muscle or Body Aches	Lose of Taste or Smell	Diarrhea	Nausea	Vomiting	Fever/Chills/Sweats	Headache	Fatigue	Travelled out of State in last 14 days	Close contact with positive COVID-19?
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To complete please mark Yes or No in the appropriate box remembering that this is for everyone present not just the Scouts. If yes do not allow entry.

Meet Up Date: _____ Leader Completing this Form: _____

Check-in Date: _____ Medical re-check Staff member : _____