

Camper/Staff Name: _____ Unit: _____ Campsite: _____ Session: _____



BOY SCOUTS OF AMERICA®
DENVER AREA COUNCIL

DEPARTURE DAY SCREENING

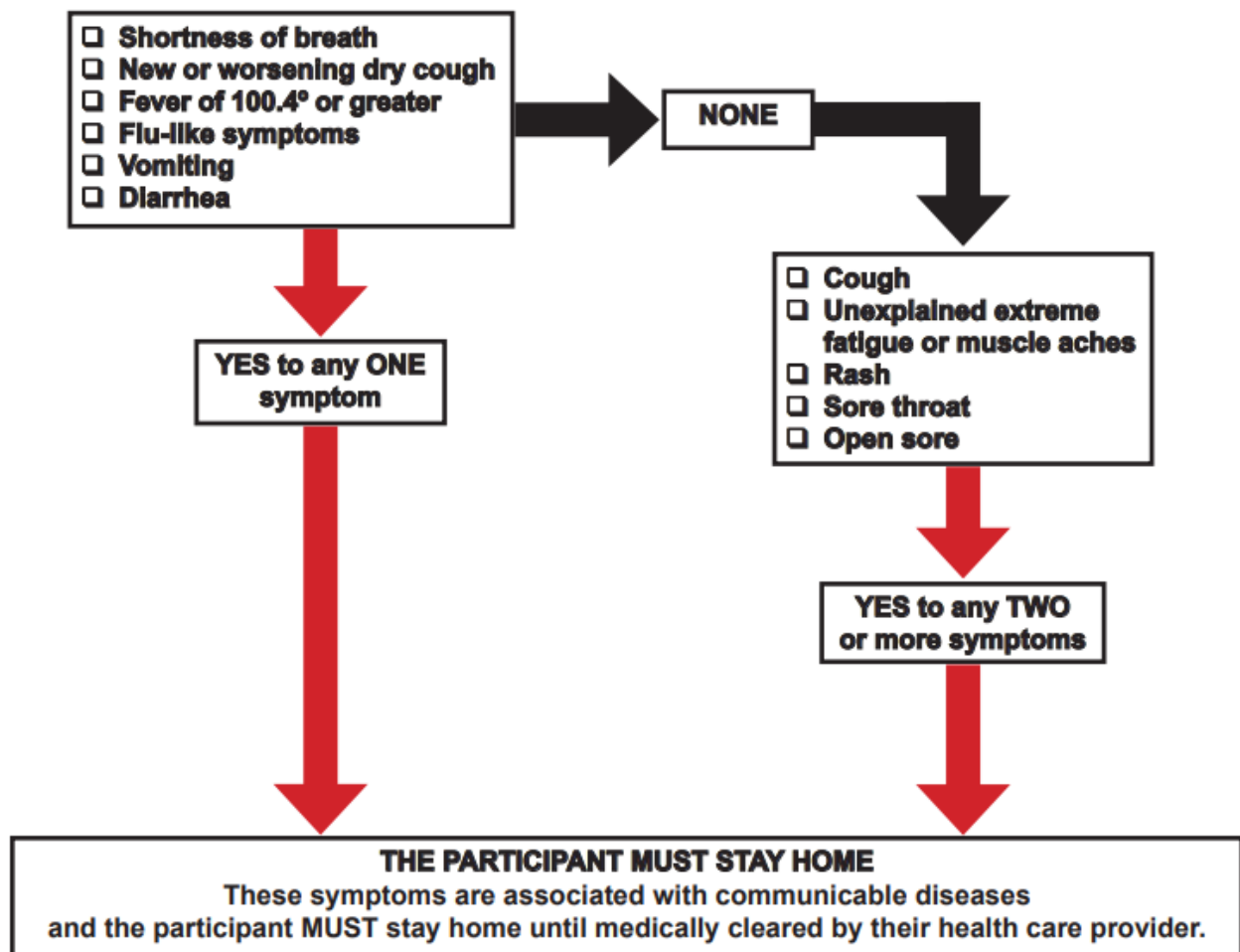
TO BE COMPLETED BY SUMMER CAMP SCOUTMASTER OR ORGANIZER AT DEPARTURE

1. Have you had contact with anyone who has tested positive or is presumed positive for COVID-19? YES or NO
2. Have you had contact with anyone who has had influenza-like illness or been otherwise sick? YES or NO
3. Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to an area that is currently under travel restrictions in the last 14 days? YES or NO

STOP! If any of the above questions were answered "YES" the participant must stay home.

4. Are you in a higher-risk category as defined by the CDC guidelines? *If yes, we recommend you stay home. Should you choose to participate, you must understand the risks of coming to camp and that getting COVID-19 or any other communicable disease cannot be completely avoided and that it may happen.*

SYMPTOM TREE – FOLLOW THIS TREE



By signing below, the Summer Camp Scoutmaster, Coordinator or other adult is acknowledging that this check was performed on the above named Scout at the time of departure for camp and that based upon this screening, they are able to come to camp.

Signature: _____ Printed Name: _____ Date: _____