EVENT COVID-19 SCREENING FORM

1. HAVE YOU RECENTLY (within the last 30 days) RETURNED FROM INTERNATIONAL TRAVEL (air or cruise or land) OR USA AREAS OF DEFINED OR WIDESPREAD COMMUNITY TRANSMISSION? ⬭ YES ⬭ NO

2. HAVE YOU COME IN CONTACT WITH SUSPECTED OR CONFIRMED COVID-19 CASE WITIN THE LAST TWO WEEKS? ⬭ YES ⬭ NO

3. DO YOU HAVE A FEVER: Is your current temperature over 100F or 37.8C? ⬭ YES ⬭ NO

4. DO YOU HAVE ANY COVID-19 SYMPTOMS: (cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell with in the last 14 days)? ⬭ YES ⬭ NO

5. HAVE YOU BEEN TESTED FOR COVID-19 WITHIN THE PAST 10 DAYS? Results: Negative ⬭ Positive ⬭

I _____ confirm that all of the information above is accurate and true.

(NAME-Write our Your Name)

_____ (Signature)

Date, _____

NOTE: **If you answer YES to ANY of the Questions 1-4, you should NOT attend this Event**.

Club Directors/Staff, please work with your kids to make sure if they answer YES, they do NOT attend.

This is for the safety and health of all of the other Pathfinders/Adults present.

If you tested POSTIVIE in the past 10 days, do NOT attend this Event.

You can help keep yourself, and the other participants safe by following these simple guidelines.

Thank you in advance.

FL Conference Pathfinder and Adventurer Department