



## COVID-19 Outbreak Screening

Participant: \_\_\_\_\_

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

### Initial Screening

Yes	No	Screening Criteria
		Are you experiencing any of the following symptoms: Shortness of Breath, Fever, Malaise or Fatigue, Nausea or Vomiting or a Sore Throat?
		Any travel outside of Ohio in the last 14 days?
		Any exposure to a sick person or any person that has tested positive to Covid-19 or any person that is suspected positive to Covid-19 in the last 14 days?
		Have you tested positive or been suspected positive for Covid-19 in the last 14 days?
_____ ° F		Current Temperature

Initial Screening Agent: \_\_\_\_\_

7-Day		14-Day		Follow-up Criteria
Yes	No	Yes	No	
				Since being home have you experienced any of the following symptoms: Shortness of Breath, Fever, Malaise or Fatigue, Nausea or Vomiting or a Sore Throat?
				Since being home have you tested positive or been suspected positive for Covid-19?

7-Day Screening Agent: \_\_\_\_\_

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

14-Day Screening Agent: \_\_\_\_\_

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

Please return this form to the  
Buckeye Council BSA  
2301 13th St NW  
Canton OH 44708

