

Covid-19 Health Release Form

Name: _____ Unit: _____

Contact Phone: _____ Contact Email: _____

Position (Circle one) Scout Leader Guest

Activity: Search & Rescue Campout (Sam Wood) Date: 04-23-2021 to 04-25-2021

Initial Each

_____ I confirm that I have **NOT** been out of the country in the last 14 days?

_____ I confirm that I have **NOT** been out of the state in the last 14 days?

_____ I confirm that I did **NOT** have fatigue, muscle aches, sore throat, cough, shortness of breath, headache, nausea, diarrhea and loss of taste or smell in the last 14 days?

_____ I confirm that I have **NOT** Had contact with any person with confirmed or suspected Covid-19 within the last 14 days?

_____ I confirm that I have **NOT** Had a positive diagnostic PCR Covid-19 test in the last 14 days?

_____ If I develop any of the COVID symptoms listed above I will notify a Leader

to be completed by staff upon arrival

Initial Of person taking temp

_____ Arrival Temp < 100.4