Dear Troop 42 Activity Attendee,

To prevent the spread of COVID-19 in our community and reduce the risk of exposure to our members, Troop 42 asks you to complete this simple screening questionnaire. Your participation and consent to collect the information below are important to help us take precautionary measures to protect you and everyone participating in this activity.

During this activity, we ask that you follow guidelines recommended by public health authorities, such as washing your hands thoroughly and frequently, avoiding touching of the face, and practicing “social distancing” by reducing handshaking and other interpersonal contact.

If you do not wish to participate in our screening process, we regret that you will not be able to attend the activity. Troop 42 is collecting and using this information for the sole purpose of public health, ensuring your safety, and protecting all of our attendees. Troop 42 will securely store this form, and it will be destroyed 30 days after the activity. If you become ill in the next 30 days, please contact Tracy Schloss or Peter Cole. In such a case, we may notify other members of the Troop who attended the activity (without identifying you by name, if possible) to ensure they receive appropriate medical attention, and this form may be shared with health officials. Thank you.

 Visitor’s Name: Personal contact number (mobile or home):

Name of activity:

Self-Declaration by Visitor

1. If you have any of the following symptoms, please circle the symptom:
	1. Fever
	2. Dry Cough
	3. Shortness of breath
2. Have you been in contact with a confirmed COVID-19 case in the past 14 days? Yes No

If you answered “Yes” to any of the questions above, we kindly ask that you not attend the activity.

I hereby consent to ADM’s collection and use of the information I have provided for the purposes stated above.

Attendee:

Attendee or Attendee Parent/Guardian Signature:

Date: