



COVID – 19 Virus Participant/Visitor/Screening Form

Today's Date: _____
Participant Name: _____
Physical Address: _____
Group Name (if applicable): _____

All participants, leaders, employees, and visitors are asked to answer the following questions prior to engaging in any activity at AEI Base Camp:

1. Have you traveled outside of your state or outside of the United States or to a COVID-19 "Hot Zone" in the past 14 days? Yes No

If so, where did you travel? _____

Reason for travel: _____

What was your return date? _____

2. Have you, or anyone in your family, come into close contact (within 6 feet) with someone who has been: suspected, tested and waiting for test results, or confirmed COVID – 19 diagnosis in the past 14 days at home or work, etc.? Yes No

If yes, please explain: _____

3. Have you had a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing in the past 14 days? Yes No

If so when? Date Range of illness: _____

Treatment: _____

4. Are you currently experiencing a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing? Yes No

By signing below, I certify that answers given herein are true and complete to the best of my knowledge.

Signature of Guardian/Parent: _____

Printed Name of Guardian/Parent: _____

Date: _____

Signature of Participant: _____

Printed Name of Participant: _____

Date: _____

OFFICE Use:

Initial Temp: _____ °F