

## Troop 132 – Concord, Ma

## Individual COVID-19 Health Attestation.

Name:	Date:
Activity:	
Do you experi	ence any of the following symptoms?
□ Yes □ No	Fever or feeling feverish
$\square$ Yes $\square$ No	Sore throat
$\square$ Yes $\square$ No	New cough (not related to chronic condition)
$\square$ Yes $\square$ No	New nasal congestion or new runny nose (not related to seasonal allergies)
$\square$ Yes $\square$ No	Muscle aches
$\square$ Yes $\square$ No	New loss of smell
□ Yes □ No	Shortness of breath
□ Yes □ No	In the past 14 days, have you been tested for COVID-19 and had a positive result, or have you been told by a healthcare provider that you are likely positive for COVID-19?
☐ Yes ☐ No	In the last 14 days, have you been in close contact with someone actively under isolation due to known COVID-19, or with active symptoms of COVID-19?
□ Yes □ No	Do you agree to wear a face covering or mask while engaging in activities?
□ Yes □ No	Do you agree to adhere to all rules and protocols of social distancing while engaging in activities?
□ Yes □ No	Meet the requirements of the State of Massachusetts Travel Order (Travel to High Risk States with the last 14 days or have had a negative COVID-19 test up to 72 hours prior to returning to the State of Massachusetts with exceptions as permitted)



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## **Activity COVID-19 Health Screening Attestation**

Leader Name:	Date:
Activity:	
J	p leader to handle the screening. Each Scout and Adult must be screened for the
symptoms. This	form must be completed before Scouts may engage in activity. A Scout is Trustworthy.

	Symptoms								F	Agreement				
SCOUT OR LEADER'S NAME		Sore Throat	New cough (not related to chronic condition)	New nasal congestion (not seasonal allergies)	Muscle Aches	Shortness of Breath	New loss of smell	NOSYMPTOMS	In the past 14 days, have you been tested for COVID-19 and had a positive result	In the last 14 days, have you been in dose contact with someone actively under isolation due to known COVID-19	No known Exposure	Agree to wear facemasks and adhere to rules	Meet State Travel Orders	Agreement
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