

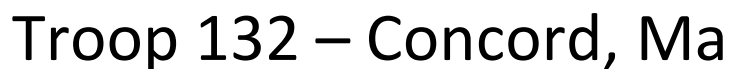
Individual COVID-19 Health Attestation.

Name: _____ Date: _____

Activity: _____

Do you experience any of the following symptoms?

- ☐ Yes ☐ No Fever or feeling feverish
- ☐ Yes ☐ No Sore throat
- ☐ Yes ☐ No New cough (not related to chronic condition)
- ☐ Yes ☐ No New nasal congestion or new runny nose (not related to seasonal allergies)
- ☐ Yes ☐ No Muscle aches
- ☐ Yes ☐ No New loss of smell
- ☐ Yes ☐ No Shortness of breath
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- ☐ 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)



Activity: _____

Designate a troop 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.

[illegible]