

Attendance Form.

Activity:

Patrol Name:

Date:

Name	Youth or Adult	Drop off time	Pick up time	Drop off/Pick up person	Pass/Fail health check	COVID Exposure? Y/N

Other Adults interacting with this patrol during the meeting:

Health check screening questions to be asked on arrival (use to answer last 2 columns):

1. Do you have cough, fever (temperature of 100.4°F or higher) or chills, shortness of breath, difficulty breathing, or new loss of taste or smell?
2. Do you have muscle pain, headache, sore throat, diarrhea, nausea, vomiting, new nasal congestion, or runny nose?
3. Have you had close contact with an individual with COVID-19 within the last 2 days?

Complete the following for every member:

1. Ask screening questions
2. Fill out log
3. Screen temperature
4. Provide sanitizer