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 10 days?
- 4. Are you aware that you could come in contact with an asymptomatic individual who is infectious with COVID at this meeting?
- 5. Are you aware that if you contract COVID-19 your are infectious 48 hours prior to first symptoms?
- 6. Do you agree to notify us if you develop symptoms within 48 hours of the activity?

Complete the following for every member:

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