



Fraternus/Fidelis - Ranch/Inspire COVID-19 SCREENING FORM

Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Prior to departing for Ranch/Inspire each camper must turn this form into their Chapter Commander/ Ranch Officer or Lead Lady/Inspire Coordinator. If any of the screening questions are answered 'YES' the form must be accompanied by a note from your physician stating that you have been evaluated and felt to be free from COVID-19.

In the last **7 days**, have you experienced any of the following new symptoms without a known etiology:

Cough	Sore throat
Fatigue	Shortness of breath
Body aches	Headaches
Fever (100deg or greater) / Chills	Loss of taste or smell
Nausea/Vomiting	Diarrhea
Decreased appetite	

YES _____ NO _____

In the last **10 days**, have you been in close contact* with anyone who is known or suspected to have COVID-19 or who is awaiting a test result?

*Any household member or anyone that you had direct physical contact or were within less than 6 feet for a cumulative time of 15mins or greater

YES _____ NO _____

In the last **10 days**, have you been diagnosed with COVID-19 or are you currently awaiting a test result?

YES _____ NO _____

If you have any questions, please contact your Chapter Commander/Lead Lady or Ranch/Inspire Coordinator, and depending on the issue they may refer the question to our Medical Team.