

Health Screening Form

We are grateful for your partnership with us to provide a safe and healthy environment for our kids. This completed form is required for check-in at Cross Trail Outfitters events.

Youth Participant or Volunteer's Name:	
Participants Date of Birth:	_ CTO EVENT & Date:
 Has your child experienced any of the following fever or chills cough shortness of breath or difficulty breath fatigue muscle or body aches headache MY CHILD HAS BEEN SYMPTOM FREE	nausea or vomitingdiarrhea
minutes) with a person who is known to l symptoms consistent with COVID-19? 3. Is your child or household self-isolating o COVID-19 or are worried that you may be	r household been in close physical contact (6 feet or closer for at least 15 have laboratory-confirmed COVID-19 or with anyone who has any (Please Circle) Yes or No r quarantining because you may have been exposed to a person with e sick with COVID-19? (Please Circle) Yes or No ng on the results of a COVID-19 test? (Please Circle) Yes or No BOVE QUESTION TRUTHFULLY INITIAL HERE
important that you understand our efforts to make an informed choice. We are focused or our outings and events. We have strengthen frequency measures for things such as wipin we have taken measures to monitor and add health screener, daily temperature checks, a staff with suspected COVID-19. This situation protocols and procedures as we follow the gefforts to help keep our youth participants, we to attend Cross Trail Outfitter's events is a prisks of COVID-19 in a camp setting, having the country of the setting of the country of the country of the setting of the country	
Participant or Parent/Guardian Signature: _	Date: