

Daily Health Screening Log (Completed by unit leader per Scout)

Name: _____

Unit Type/Number: _____

Unit Leader Name: _____

Unit Leader Contact Number: _____

Check the following symptoms daily for each member, youth and adult, in your unit. This should be done in the morning before breakfast.

Check=OK or X= Not OK (refer to Camp Health Officer)

Symptom	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Fever >100 F [YES/NO]						
Vomiting or Nausea						
Diarrhea						
Cough						
Shortness of Breath						
Difficulty Breathing						
Chills						
New loss of taste or smell						

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