

COVID 19 Screening for Boy Scouts Physical

Name:

DOB:

Does your child currently have active COVID 19 symptoms or had COVID 19 positive test in the last 14 days?

No

Yes

Did your child ever have a COVID 19 infection or positive COVID test?

We recommend you to go to Emergency room or walk in clinic or child's primary care or wait until it is 14 days & symptom free for clearance as the case may be.

Yes

No

Did your child have any residual heart or lung issues from COVID 19 once the infection cleared up?

Proceed with filling the forms & show up for the Boy Scout physical (sports physical if needed)

No

Yes

Does your child have chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope?

We recommend you to go your primary care provider to get a clearance.

No

yes

Proceed with filling the forms & show up for the Boy Scout physical (sports physical if needed)

We recommend you to go your primary care provider to get a clearance.

Please circle yes or no in the above algorithm as it pertains. By circling the appropriate response, I agree that the above information is accurate to the best of my knowledge.

Signature of parent:

Date: