

## MEDICAL SCREENING QUESTIONNAIRE

This form must be completed by a ALL Scouts and leaders on the day of arrival at camp. It is to comply with BSA National Camping Standards. Please have the forms completed and bring them with you at your designated check-in time with the Camp Nurse.

SCOUT'S NAME \_\_\_\_\_ TROOP \_\_\_\_\_ CAMPSITE \_\_\_\_\_

Please ask the scout named above the following questions. This must be done by someone 21 years or older. If any question is positive, briefly describe under the proper question.

- |   |     |    |
|---|-----|----|
| 1. Any visit to a doctor or clinic since the last exam?                 | YES | NO |
| 2. Any recent illness, injury, rash, or allergic reaction?              | YES | NO |
| 3. Any ongoing treatment or medication not handed into the nurse?       | YES | NO |
| 4. Any medication taken 30 days prior to camp, that you are not on now? | YES | NO |
| 5. Do you feel fine and do they look fine at present?                   | YES | NO |

\_\_\_\_\_  
Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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