



## Section C-1B Conclave

### 14-Day COVID Screening Form

**All participants must complete this screening before arriving at Camp Decorah**

**Name:** \_\_\_\_\_

**Lodge:** \_\_\_\_\_

| Answer Y/N   | 9/3/2021 | 9/4/2021 | 9/5/2021 | 9/6/2021 | 9/7/2021 | 9/8/2021 | 9/9/2021 |
|--|----------|----------|----------|----------|----------|----------|----------|
| <i>Fever or chills</i>                             |          |          |          |          |          |          |          |
| <i>Cough</i>                                       |          |          |          |          |          |          |          |
| <i>Shortness of breath or difficulty breathing</i> |          |          |          |          |          |          |          |
| <i>Fatigue</i>                                     |          |          |          |          |          |          |          |
| <i>Muscle or body aches</i>                        |          |          |          |          |          |          |          |
| <i>Headache</i>                                    |          |          |          |          |          |          |          |
| <i>New loss of taste or smell</i>                  |          |          |          |          |          |          |          |
| <i>Sore throat</i>                                 |          |          |          |          |          |          |          |
| <i>Congestion or runny nose</i>                    |          |          |          |          |          |          |          |
| <i>Nausea or vomiting</i>                          |          |          |          |          |          |          |          |
| <i>Diarrhea</i>                                    |          |          |          |          |          |          |          |
| <i>Have you been a close contact?</i>              |          |          |          |          |          |          |          |

| Answer Y/N   | 9/10/2021 | 9/11/2021 | 9/12/2021 | 9/13/2021 | 9/14/2021 | 9/15/2021 | 9/16/2021 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <i>Fever or chills</i>                             |           |           |           |           |           |           |           |
| <i>Cough</i>                                       |           |           |           |           |           |           |           |
| <i>Shortness of breath or difficulty breathing</i> |           |           |           |           |           |           |           |
| <i>Fatigue</i>                                     |           |           |           |           |           |           |           |
| <i>Muscle or body aches</i>                        |           |           |           |           |           |           |           |
| <i>Headache</i>                                    |           |           |           |           |           |           |           |
| <i>New loss of taste or smell</i>                  |           |           |           |           |           |           |           |
| <i>Sore throat</i>                                 |           |           |           |           |           |           |           |
| <i>Congestion or runny nose</i>                    |           |           |           |           |           |           |           |
| <i>Nausea or vomiting</i>                          |           |           |           |           |           |           |           |
| <i>Diarrhea</i>                                    |           |           |           |           |           |           |           |
| <i>Have you been a close contact?</i>              |           |           |           |           |           |           |           |