

**BOZEMAN MONTANA STAKE
ACTIVITY PARTICIPATION PRE-SCREENING CHECKLIST
Parent/Guardian Attestation**

Name of youth or leader _____ Date _____

Parent/Guardian: _____

Has your youth experienced any of the following symptoms in the past 48 hours:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue, muscle or body aches, headache
- New loss of taste or smell
- Sore throat, congestion or runny nose
- Nausea, vomiting or diarrhea

IF YOUTH HAVE HAD ANY OF THE ABOVE SYMPTOMS IN THE LAST 48 HOURS, DO NOT JOIN THIS ACTIVITY.

Has your youth been in close physical contact in the last 14 days with:

Anyone who is known to have laboratory-confirmed COVID-19? YES NO

OR

Anyone who has any symptoms consistent with COVID-19? YES NO

Is the youth currently waiting on the results of a COVID-19 test or is anyone in the family waiting on the results of a COVID-19 test? YES NO

In the event that any of the questions were answered YES, I am providing a note from a health care provider attesting that the current illness is unrelated to COVID-19.

I certify that my responses are true and correct.

I agree to provide transportation upon notification by stake leaders from the activity(within 2 hours) to pick up my youth and return them home, should any symptoms of COVID-19 be manifested.

Is youth or leader fully vaccinated? (2 weeks past qualifying vaccination)_____
(full vaccination may result in no quarantine upon exposure if non-symptomatic)

Parent/Guardian Name _____ Date _____