Participant Name: . Date: .

COVID Screening On Arrival: Temperature (˚F): .

Cough: . Fatigue: . Fever/chills: . Sore throat: . Itchy swollen skin: .

Body aches: . Runny Nose: . Newly altered smell/taste: . Notes: see back

Pre-Hike Screening Form: Collect Pre-Hike Screening Form.

Completed and Signed? .

Emergency Contacts and Authorized Persons Check: Compare to Application

Name: . Relationship: . Phone#: .

Name: . Relationship: . Phone#: .

Changes or additions? . List on back of form.

Medication(s) Check: Compare to Health Form

All medications listed? . Directions for use accurate? ,

List any additions, corrections, or clarifications on back of form.

**All medications collected by checker**? .

Allergies Check: Compare to Health Form

All medical allergies listed? . All food allergies listed? .

Add any not listed allergies on back of form.

Acknowledgment of Screening: By signing my name below I acknowledge that this form was completed in my presence on the date listed above. I also certify that all information contained on both sides of this form is accurate to the best of my knowledge.

Guardian Name: . Guardian Signature: .

Checker Name: . Checker Signature: .

Changes or Additions to Emergency Contacts and Authorized Persons:

Name: . Relationship: . Phone#: .

Name: . Relationship: . Phone#: .

Additional Medications:

Medication Name(s):

Instructions for Use:

Medication Name(s):

Instructions for Use:

Additional Allergies:

Allergy:

Signs, Symptoms, and Treatment:

Allergy:

Signs, Symptoms, and Treatment:

Notes on COVID Screening:

Other Notes: