Participant Name: . First Day of Hike Date: .

Name of Staff completing form: . Signature certifying accuracy of chart: .

Perform screening and fill out chart daily. Place a (Y) for Yes in the corresponding box if the participant has experienced the listed symptom. Place a (N) for No in the corresponding box if the participant has not experienced the symptom. Take and record temperature daily in the final row.

If participant experiences any unusual symptoms, abnormal, or high (above 100.4 ˚F) temperature monitor them for the next 24 hours. If symptoms or temperature persist report to administrative staff and arrange for an evacuation for further medical care.

Describe any Yesses in the notes section on the back of the page. Include any other observations or concerns in notes section.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Symptom | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 |
| Cough |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unusual fatigue |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chills/hot to touch |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unexplained Sore Throat |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unexplained red itchy swollen skin |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unexplained Body aches |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unusually runny nose |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Altered sense of smell/taste |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Temperature(˚F) |  |  |  |  |  |  |  |  |  |  |  |  |  |

Notes: