



## RETURN TO SCOUTING HEALTH DECLARATION

This declaration must be completed and returned for each scout and leader before they attend any scouting activities.

This must be done by the parent/guardian of each scout prior to returning to scouting activities.

Scout Name	
Parent/Guardian Email	
Parent/Guardian Telephone	

Please ✓ as appropriate

Do you have a cough, fever, high temperature, sore throat, runny nose, breathlessness or flu-like symptoms now or have you had such symptoms in the past 14 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been diagnosed with a confirmed or suspected COVID-19 infection in the past 14 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been advised by a doctor to self-isolate at this time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been advised by a doctor to cocoon at this time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are there any other circumstances relating to COVID-19, not included above, that may need to be disclosed to allow your safe return to scouting? If yes, please provide details below:

Note: If your response to any of the questions above changes, please contact your scout leader before attending scout activities.

Leader/Parent/Guardian

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Form to be completed and returned to a leader prior to returning to scouting.**

Received by:

Date: