Troop/Pack # _____ **Daily Covid-19 Monitoring Form** **Date _____**

(This form is to be completed by the Troop/Pack Medic prior to breakfast every morning and given to the Health Officer.)

Name	Youth or Adult	Clearly mark **YES** or **NO** for the signs/symptoms below					Record Temp. (in degrees)
		Fever or Chills	**Muscle or body aches**	**Cough, shortness of breath or difficulty breathing**	**New loss of taste or smell**	**Nausea, vomiting or diarrhea**	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	
	Youth Adult	*YES NO*	*YES NO*	*YES NO*	*YES NO*	*YES NO*	