

Georgia 4-H Intake Screening Form

Today's Date _____ (this form to be completed on the same day as drop-off)

4-H'er Name _____ County _____

Name of Program/Event _____ Date(s) of Program/Event _____

Today, or in the last 14 days, have you had any of the following symptoms?

Circle YES or NO for each item on the list.

YES or NO fever

YES or NO sore throat

YES or NO cough

YES or NO new loss of taste or smell

YES or NO shortness of breath or difficulty breathing

YES or NO nausea

YES or NO chills

YES or NO vomiting

YES or NO muscle pain

YES or NO diarrhea

YES or NO In the last 14 days, have you had contact with any confirmed or suspected COVID-19 positive patients?

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

For 4-H Use Only:

Is 4-H'er allowed to move to temperature check based on screening questions? **YES** or **NO**

YES

4-H'er temperature: _____ °F

Time: _____ AM/PM

Is 4-H'er allowed to participate based on temperature? **YES** or **NO**

YES

Proceed with check-in

NO

4-H'er released to _____

Relationship to 4-H'er _____

at _____ AM/PM on _____, 2020

Log for Ongoing Screening Assessment

This side of the form is only necessary for overnight events.
Symptoms and temperature will be checked twice daily during all overnight events.

4-H'er Name _____ County _____

Program/Event _____ Date(s) of Program/Event _____

Date	Time	Symptoms Present	Temperature (°F)	Initials of Screener