

### 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