2023 GOSHEN
UNIT PRE-EVENT MEDICAL SCREENING FORM

Unit: __________________________

Camp: _________________________ Week: ________

Participants:
Please attach an additional sheet for more than 25 participants. You may also print out a roster from your registration and attach it instead of listing participants.

1. ______________________________________________________
2. ______________________________________________________
3. ______________________________________________________
4. ______________________________________________________
5. ______________________________________________________
6. ______________________________________________________
7. ______________________________________________________
8. ______________________________________________________
9. ______________________________________________________
10. _____________________________________________________
11. _____________________________________________________
12. _____________________________________________________
13. _____________________________________________________
14. _____________________________________________________
15. _____________________________________________________
16. _____________________________________________________
17. _____________________________________________________
18. _____________________________________________________
19. _____________________________________________________
20. _____________________________________________________
21. _____________________________________________________
22. _____________________________________________________
23. _____________________________________________________
24. _____________________________________________________
25. _____________________________________________________

For Units:
As the unit leader, I attest that everyone in our unit listed above and/or attached to this form has answered the pre-camp medical screening checklist on the day of arrival to attend camp.

Unit Leader Name: _______________ Signature: _______________ Date: ________

For Provisional Campers:
As the parent/guardian of this scout or scouts, I attest that my child(ren) and myself (if attending), listed above, has answered the pre-camp medical screening checklist on the day of arrival to attend camp.

Parent/Guardian Name: _______________ Signature: _______________ Date: ________