

**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: _____