



COVID-19 Participant Screening Log

This log can be used to track participants' answers to the questions on the Participant Screening Tool.

Meeting/Activity: _____ Date: _____ Time: _____

Name of Participant	Name of parent/caregiver of child, if applicable	Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Q 7	Q 8
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

Name of Screening Volunteer/Staff Member: _____

Signature of Screening Volunteer/Staff Member: _____ Date: _____