

OVID-19 Pre-Event Medical Screening Checklist

Name _____

Unit # _____

Campsite _____

Use this checklist to assist to identify potential COVID-19 cases before event participation. **Bring with you to the event.**

Before departure to the event/camp, review with each youth and adult participant. **Anyone entering a camp or event—including visitors, vendors, etc.—must be screened.**

- Yes No Have you or has anyone in your household been in **close contact*** in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?
- Yes No Have you or has anyone in your household been in **close contact*** with anyone who has been tested for COVID-19 and is waiting for results?
- Yes No Have you or has anyone in your household been sick in the past 14 days, or have you or they been tested for any illness and are waiting for results?
- Yes No Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?
- Yes No Have you or has anyone you have been in **close contact*** with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?

According to the Centers for Disease Control and Prevention (CDC), “close contact” means:

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period
- You had direct physical contact with an infected person (hugged or kissed them)
- You shared eating or drinking utensils
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you

If the answer is YES to any one of the five questions above, the participant must stay home. If all answers above are NO, proceed to the symptoms list below.

Symptoms of COVID-19

If anyone in your household has **any one** of the following new or worsening signs or symptoms of possible COVID-19, **the entire household must stay home. Please note the temperature taken prior to departure from your home base in area provided in list.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Flu-like symptoms | <input type="checkbox"/> Loss of taste or smell | <input type="checkbox"/> Nausea or Vomiting |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Fever of 100.0° or greater (Temp = _____) | <input type="checkbox"/> Repeated shaking with chills |

Potential Higher-Risk Individuals*

Yes No Are you in a higher-risk category as defined by the CDC Guidelines, including older adults, people with medical conditions, and those with other individual circumstances? **If the answer is “yes,” we recommend that you stay home. Should you choose to participate, you must have approval from your healthcare provider. Initial your understanding _____.**

If you (the participant) are under eighteen (18) years of age, your parent or guardian must sign below:

I represent that (i) I am the parent or guardian of the minor participant, (ii) I understand that the participant must not attend the event if the response related to the participant to any one of the first five questions above is YES, or anyone in the participant’s household has any one of the above-listed symptoms of COVID-19, and (iii) the information provided above with respect to the participant is true to the best of my knowledge.

Parent/Guardian:

Signature _____

Date: _____

Print Name _____

CAMP USE:	Date	Time	Temperature	Week # _____
	Date	Time	Temperature	Camp Rep. _____