

COVID-19 Pre-Event Medical Screening Checklist

Use this checklist to assist in identifying potential COVID-19 cases before event participation.

Review with each youth and adult participant their current health status, both before departure and upon arrival at the event. **Anyone entering a camp or event – including visitors, vendors, etc. – must be screened.**

MUST BE ANSWERED

- 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.**

- Shortness of breath**
- Cough**
- Fever of 100.0° or greater**
- Flu-like symptoms**
- Repeated shaking with chills**
- Fatigue**
- Muscle or body aches**
- Headache**
- Sore throat**
- Loss of taste or smell**
- Diarrhea**
- Nausea or vomiting**

Parent COVID-19 Screening Acknowledgement

TROOP / COUNCIL: _____

SCOUT NAME: _____

PARENT NAME: _____
(IF UNDER 18)

SIGNATURE: _____
(PARENT SIGNATURE IF UNDER 18)

DATE: _____

****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 health care provider.