

*** WHITE OAK DISTRICT ***
*** CAMPOREE 2022 ***
COVID-19 Pre-Event Medical Screening Checklist

Each Unit MUST use this checklist for EACH INDIVIDUAL PARTICIPANT to assist in identifying potential COVID-19 cases *before* event participation.

Fill out this form AND Review it with each youth and adult participant to determine their current health status, before departure for the event. **This form does NOT need to be turned in to the CAMPOREE Staff – it is for the UNIT to determine the SAFE PARTICIPATION of people who will come to the CAMPOREE. It SHOULD be kept by the unit for at least a week after the event.**

Everyone entering the event – must be screened. THERE SHOULD BE *NO*** VISITORS; ONLY participants. Units should develop their arrival & departure Car Pools accordingly. Drop Offs are allowed but drivers should remain in their vehicles.**

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.

- | | |
|---------------------------------|----------------------------|
| 1. Shortness of breath | 7. Muscle or body aches |
| 2. Cough | 8. Fatigue |
| 3. Fever of 100.0° or greater | 9. Sore throat |
| 4. Flu-like symptoms | 10. Loss of taste or smell |
| 5. Repeated shaking with chills | 11. Diarrhea |
| 6. Headache | 12. Nausea or vomiting |

*** 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 should have approval from your health care provider.