

Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ Date: \_\_\_\_\_

Temperature on day of departure: \_\_\_\_\_ (CDC defines fever as 100.4 F or greater)



## Participant Health Screening Checklist

For use at events, camps and outings

All participants, visitors, vendors, etc. (youth and adult) must use this checklist to screen for potentially communicable diseases.

This checklist must be completed before departure on the day of the event. It will be reviewed upon arrival.

### Part I: Higher Risk for Serious Illness

Are you in a higher-risk category as defined by CDC guidelines?\* If so, we recommend that you stay home unless you have approval from your health care provider.

The CDC describes those at higher risk for severe illness from COVID-19 as those who are/have:

- 65+ years old
- Breathing issues (moderate to severe asthma, cystic fibrosis & lung disease)
- Circulation issues (heart abnormalities, high blood pressure, irregular heartbeats, fainting)
- Diabetes, type 1 or 2
- Uncommon conditions (sickle cell anemia, hemophilia, leukemia, severe blood disorder, or HIV infection)
- Immunosuppression (chemotherapy or transplantation)
- Severe obesity
- Chronic kidney or liver disease

### Part II: Recent Interactions

- Yes  No Do you have COVID-19?
- Yes  No Have you been in contact with anyone who has COVID-19 or is ill with a respiratory illness but has not been tested for COVID-19 in the last 14 days?
- Yes  No Have you or anyone you have been in close contact with live, work or travel in an area with a large outbreak of COVID-19 disease (hot spot) in the last 14 days?
- Yes  No Are you or anyone you have been in close contact with under current advisement by public health to quarantine or self-isolate?

**If any question is answered yes, the individual must stay home.**

### Part III: Health Screening

Do you have any of the following symptoms which are related to a new/recent illness and cannot be attributed to another health condition?

- Yes  No Fever or chills
- Yes  No Cough
- Yes  No Shortness of breath or difficulty breathing
- Yes  No Fatigue, muscle or body aches
- Yes  No Sore throat, congestion or runny nose
- Yes  No New loss of taste or smell
- Yes  No Headache
- Yes  No Nausea or vomiting
- Yes  No Diarrhea

**If any are checked yes, the individual must stay home until cleared by a physician.**