

Name: _____ Unit #: _____ Date: _____



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 **unvaccinated** and are/have:

- 65+ years old
- Obesity (BMI of 30 or higher)
- Smoker
- Breathing issues (moderate to severe asthma, cystic fibrosis & lung disease)
- Circulation issues (high blood pressure, coronary artery disease, stroke cardiomyopathies, heart abnormalities)
- Diabetes, type 1 or 2
- Uncommon conditions (sickle cell diseases, severe blood disorder, or HIV infection)
- Chronic kidney or liver disease
- Children who are medically complex
- Immunosuppression (continue to check with health care provider about risk status)

Part II: Recent Interactions

- Yes No Do you have COVID-19 or are you currently awaiting the results of a COVID-19 test?
- Yes No In the last 10 days, have you been in close contact with anyone who has an active case of COVID-19 or is ill with a respiratory illness but has not been tested for COVID-19?
- 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 and the individual is unvaccinated, 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 (100.4 F +) 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 or individual receives a negative PCR test for COVID-19.