

COVID-19 Pre-Event Medical Screening Checklist

Name: _____

Unit Number: _____

Arrival Temp: _____

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.**

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?

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 test results?

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 are are waiting for test reults?

Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?

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

Muscle or body aches

Repeated shaking with chills

Cough

Headache

Fatigue

Fever of 100.0 or greater

Sore throat

Diarrhea

Flu-like symptoms

Loss of taste or smell

Nausea 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 must have approval from your health care provider.

Name of person completing this form: _____

Relationship to the individual listed above: _____