Name Unit

COVID-19 Pre-Event Medical Screening Checklist

q Yes q No Have you or has anyone in your household been in [close contact\*](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?

q Yes q No Have you or has anyone in your household been in [close contact\*](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) with anyone who has been tested for COVID-19 and is waiting for results?

q Yes q 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?

q Yes q No Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?

q Yes q No Have you or has anyone you have been in [close contact\*](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#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 unless the participant has tested positive for COVID-19 within the last 90 days AND recovered or the participant has been vaccinated against COVID-19 and it has been at least 14 days since they have completed the vaccine series.***

***If all answers above are* NO*, proceed to the symptoms list below.***

[**Symptoms of COVID-19**](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)

*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.***

# q Shortness of breath

q **Cough**

# q Fever of 100.0º or greater

q **Flu-like symptoms**

# q Repeated shaking with chills

q **Fatigue**

# q Muscle or body aches

q **Headache**

# q Sore throat

q **Loss of taste or smell**

# q Diarrhea

q **Nausea or vomiting**

***\*Potential Higher-Risk Individuals\****

q Yes q No Are you in a higher-risk category as defined by the [CDC guidelines](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html), including older adults, people with medical conditions, and those with other individual circumstances?

***If the answer is “yes,” we recommend that you stay home unless you have been vaccinated against COVID-19 and it has been at least 2 weeks since you have completed your vaccine series.***

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