COVID-19 Pre-Event Medical Screening Checklist

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?

**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?

**Yes No** Have you or has anyone you have been in a large (people from multiple households in a private or public space: reunion, camp, sporting event, ect.) 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 COVI0-19,* ***the entire household must stay home.***

**Shortness of breath Muscle or body aches**

**Cough Headache**

**Fever of 100.0° or greater Flu-like symptoms**

**Repeated shaking with chills Fatigue**

**Sore throat**

**Loss of taste or smell Diarrhea**

***\*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 healthcare provider.***

Boy Scouts of America Crater Lake Council