



WOOD BADGE 135
HEALTH PRE-SCREENING PROCEDURES



Dear Wood Badge 135 Participants:

We are excited to welcome you to Camp Wisdom for Wood Badge 135. We have been working with state and local health officials during this global health crisis to identify every potential way to mitigate the risks associated with the COVID-19 virus. We are committed to do our best to provide an outstanding camping experience while minimizing the potential exposures to the virus.

This is a multi-faceted approach that includes enhanced screening, increased disinfection, and the incorporation of physical distancing and other protocols recommended by the CDC and the state of Texas..

One of the measures that has been implemented in consultation with local health officials is pre-screening protocol for staff, participants, and leaders. The purpose of this protocol is to identify those individuals who should not attend Wood Badge this year because of illness, including the potential of infection with the COVID-19 virus.

The pre-screening process includes five days of self-health checks in your home prior to departing for Camp Wisdom. The accompanying form lists the questions to answer. Staff will appoint a representative to follow-up on the daily health checks and to work with the Wood Badge Medical Team should any concerns arise.

We understand the excitement that precedes this leadership training experience. However, there may be some instances where potential exposure to or symptoms of COVID-19 or other illnesses will require that a participant not attend.

We appreciate your help and cooperation as we do everything in our power to provide a safe, life-changing experience for you at Camp Wisdom

Thank you!

The Wood Badge 135 Team



NAME: _____

**WOOD BADGE 135
INDIVIDUAL HEALTH PRE-SCREENING**

Beginning five days before departure for camp, please assess and record the following information. Please share this information with your unit contact, including any concerns that arise.

1. Please take and record your temperature.
2. Please answer the following questions:
 - a. Have you been diagnosed with or be exposed to someone who has COVID-19 or is suspected of having COVID-19 within the last 10 days?
 - b. Are you exhibiting any of the following symptoms?
 - i. Fever or chills
 - ii. Cough
 - iii. Shortness of breath or difficulty breathing
 - iv. Fatigue
 - v. Muscle or body aches
 - vi. Headache
 - vii. New loss of taste or smell
 - viii. Sore throat
 - ix. Congestion or runny nose
 - x. Nausea or vomiting
 - xi. Diarrhea
 - c. How do you feel generally?

Date	Sunday 1/31	Monday 2/1	Tuesday 2/2	Wednesday 2/3	Thursday 2/4
Temperature					
Any Symptoms?					
Overall Feeling					

Based on the process that has devised to collect this information, share this info with the designated staffer.

Please share the following with the designated staffer IMMEDIATELY if any of the following are present:

1. Cough and/or shortness of breath or difficulty breathing; or exposure to COVID-19
2. At least two or more of other symptoms listed in (b) above