



# COVID-19 Pre-Event Medical Screening Checklist

Name of participant: \_\_\_\_\_ Youth \_\_\_\_\_ Adult

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.

\_\_\_\_\_ 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?

**\*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
- \_\_\_\_\_ Cough
- \_\_\_\_\_ Fever of 100.0° or greater
- \_\_\_\_\_ Flu-like symptoms
- \_\_\_\_\_ Repeated shaking with chills
- \_\_\_\_\_ Fatigue
- \_\_\_\_\_ Muscle or body aches
- \_\_\_\_\_ Headache
- \_\_\_\_\_ Sore throat
- \_\_\_\_\_ Loss of taste or smell
- \_\_\_\_\_ Diarrhea
- \_\_\_\_\_ Nausea or 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.***