

Pre-Event and Arrival Medical Screening Checklist

Updated 03Feb21

Program / Event _____

Unit # _____

Family Name _____

This is a tool to assist unit leaders & families in identifying potentially communicable diseases in advance of event participation. The intent of this checklist is to review with each participant their current health status both before departure and upon arrival at the event. Every unit / family must conduct a pre-event medical screening prior to traveling to Wallwood Boy Scouts Reservation to be collected upon arrival. Upon arrival at Wallwood Boy Scouts Reservation, each unit / family will be required to have their temperatures taken. Any unit / family arriving with one or more persons who are symptomatic of illness will be sent home, as a unit / family, for testing and/or treatment. Any unit / family with one or more persons who are sick will not be permitted to remain onsite. Wallwood Boy Scouts Reservation has a First Aid facility, it does not have the capacity for the long-term treatment of a communicable diseases.

- 1) 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?
- 2) 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?
- 3) 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?
- 4) Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?
- 5) 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?

name

Yes/No

Y / N

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.

Are you in a higher risk category as defined by the CDC guidelines?

If the answer is "yes" to this question, we recommend that you stay at home. Should you choose to participate, you must have approval from your healthcare provider then proceed with the symptom checklist and decision requirements below.

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Has the participant had any of the following symptoms in the last 24 hours?

- Fever (100.4 F or greater)
- Vomiting
- Diarrhea
- Shortness of breath
- New or worsening dry cough
- Flu-like symptoms
- Loss of taste or smell
- Unexplained extreme fatigue or muscle aches
- Rash
- Headache
- Sore throat
- Repeated shaking with chills

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.

Temperature

Reviewed by WBSR Staff on Date

Staff Name

Signature