

Pre-Event Medical Screening Checklist

Use this tool to assist leaders 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. This form should be completed on all participants; including those driving the participants to the event.

Name _____

Date _____

Event _____

Campsite _____

Unit # _____

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

Yes No Fever (100.4 F or greater)

Yes No Vomiting

Yes No Diarrhea

If the participant has fever, vomiting, **OR** diarrhea – **they should stay home.**

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

Yes No Unexplained extreme fatigue or muscle aches

Yes No Rash

Yes No Cough

Yes No Sore throat

Yes No Open sore

If the participant has any **two (or more)** of these symptoms – **they should stay home.** If the participant has one of these symptoms, discuss any limitations and restrictions and consider having them stay home.

Participants who become ill should not return to the activity until they are cleared by a healthcare provider.