

COVID-19 Pre-Event Medical Screening Checklist

Families or individuals should use this checklist to assist in identifying potential COVID-19 cases before Scouting events. Please check temperature(s) before arriving.

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?

***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.*

- | | | | |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Cough | <input type="checkbox"/> Fever of 100.0° or greater | <input type="checkbox"/> Flu-like symptoms |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Repeated shaking with chills |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Loss of taste or smell | <input type="checkbox"/> 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 health care provider.***

Troop # _____ Pack # _____ City/State _____

Name _____

All family members attending event:

<u>Name</u>	<u>Parent/Guardian/Youth/Leader</u>	<u>Temperature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All persons in the car have answered “no” to all the health assessment questions above:

Parent’s Signature _____ Date _____