



## Model COVID-19 Pre-Event Medical Screening Checklist

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. Anyone entering a camp or event – including visitors, vendors, etc. – Must be screened.

**If you are fully vaccinated (at least 2 weeks prior to arrival) and are not experiencing any of the COVID-like symptoms listed below, please check here and sign at the bottom.**

- 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 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 four 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        | Repeated shaking with chills | Sore throat            |
| Cough                      | Fatigue                      | Loss of taste or smell |
| Fever of 100.0° or greater | Muscle or body aches         | Diarrhea               |
| Flu-like symptoms          | Abnormal Headaches           | 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.**

\_\_\_\_\_  
Name of Scout and Unit Number

\_\_\_\_\_  
Camp Health Officer

\_\_\_\_\_  
Signature of Adult Performing Pre-check

\_\_\_\_\_  
Date