

Pre-Event Medical Screening Checklist

Must be filled out by everyone and brought to camp

This is a 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.

Name: _____ Unit # _____ Council _____

Name: (Driver/Adult)

Names of all people in your vehicle:

Has any of the participant(s) in your vehicle had any of the following symptoms in the last 24 hours?

Yes No

- Fever (100.4 F or greater)
 - Vomiting
 - Diarrhea

If a participant has fever, vomiting, OR diarrhea—**he or she should stay home**

Has the participant had any contact with any persons with a confirmed case of COVID – 19?

Yes No

Has the participant travelled internationally in the last 14 days.

Yes No

Has any of the participant(s) in your vehicle had any of the following symptoms in the last 24 hours?

Yes No

- Unexplained extreme fatigue or muscle aches
 - Rash
 - Cough
 - Sore Throat
 - Open Sores
 - Flu Like Symptoms
 - Abdominal Pain

If the participant has any two (or more) of these symptoms—**he or she should stay home**. If the participant has one of these symptoms, discuss any limitations and restrictions and consider having him or her stay home.

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

Name of person
doing the evaluation:

Date: