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.**

Councils should customize with input from their council health supervisor and local health department.

- **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?
- **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 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**.

- ❏ Shortness of breath
- ❏ Cough
- ❏ Fever of 100.0º or greater
- ❏ Flu-like symptoms
- ❏ Repeated shaking with chills
- ❏ Fatigue
- ❏ Muscle or body aches
- ❏ Headache
- ❏ Sore throat
- ❏ Loss of taste or smell
- ❏ Diarrhea
- ❏ 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.**