



PRE-EVENT MEDICAL SCREENING

Anyone entering camp or event, should be screened using this checklist

- 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? sick?
- YES NO Have you or anyone you have been in your household been sick in close contact* with anyone who has been tested for COVID-19 and is waiting for test 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 anyone you have been in close contact* with traveled on a cruise ship or internationally or to an area with a known communicable disease in the last 14 days

***According to the Centers of Disease Control and Prevention (CDC), “close contact” means:**

- You were within 6 feet if 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 kiss)
- You shared eating 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 the all the 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
- New or worsening dry cough
- Fever of 100.4 or greater
 - Flu-like symptoms
- Repeated shaking with chills
 - Diarrhea
 - fatigue
 - Sore throat
- Muscle or body aches
 - Headache
- Loss of taste or smell

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 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

PARTICIPANT NAME (please print) _____ **UNIT** _____

SIGNATURE (FOR YOUTH, GUADRIAN’S SIGNATURE) _____