## **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.** 

☐ Yes ☐ No	Have you or has anyone in your household been in <u>close contact</u> * 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 <u>close contact</u> * 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, or within the past 10 days without a negative COVID-19 test result at least 5 days after exposure?			
☐ Yes ☐ No	Have you or has anyone you have been in <u>close contact*</u> with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?			
<ul> <li>*According to the Centers for Disease Control and Prevention (CDC), "close contact" means:</li> <li>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</li> <li>You had direct physical contact with an infected person (hugged or kissed them)</li> <li>You shared eating or drinking utensils</li> </ul>				

If the answer is YES to any one of the five questions above, the participant must stay home.

An infected person sneezed, coughed, or otherwise got respiratory droplets on you

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.** 

O1	symptoms of possible covid-19, the entire	nousenola must stay nome.		
	Shortness of breath			
	Cough			
	Fever of 100.0° or greater			
	Flu-like symptoms			
	Repeated shaking with chills	Χ		
	Fatigue			
	Muscle or body aches	Date:		
	Headache			
	Sore throat			
	Loss of taste or smell			
	Diarrhea			
	Nausea or vomiting			
rst responders who wear approved and properly-fitted Personal Protective Equipment (PPE) while treating patients				

1 - Healthcare workers/ first responders who wear approved and properly-fitted Personal Protective Equipment (PPE) while treating patients should follow their employer's guidelines when answering this question.

## \*Potential Higher-Risk Individuals\*

☐ Yes ☐ No Are you in a higher-risk category as defined by the <u>CDC guidelines</u>, 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.

## BSA COVID-19 Camp-Event "At-Risk" Participant Statement Must Be Signed and Brought to Check-In

Name: _		Unit Type	Unit Number
Campin	g at		
oriority establis out the	v. In light of COVID-19, we are s shed health and safety measur	taking additional precautions ares for communicable diseases	loyees is the Longhorn Council's top at camps on top of our long- . These precautions are important, any other illness while at camp or
COVID- may be equire activition	19 may show no signs or sympercontagious before their sympercontagious before their sympercontage and be allowed by the streenings and be allowed by the streening and the streening by the streening and the streening by the streening b	otoms of illness but can still spotoms occur it is possible that a owed into a camp. We also kroult in many situations and imp	CDC) shows that some people with read the virus. Since some people in infected person may pass all the low the very nature of camps and possible in others. We are modifying 9 pandemic.
coordir	ur council physician, health an nating with state and local hea uidance to mitigate the risk of	Ith departments and the CDC	to ensure we are aware of and follow
	to turn in on arrival.  Health screening upon arrival commissioners which will incommissioners which will incomply as well as standard screening on the screening on the screening of the screeni	I at camp check-in time condulude a temperature check, hygoguestions regarding symptome in the unit not pass the arrivation.  It online registration system was reminders throughout the call & staff to wear masks when not pon arrival before entry to car greminders throughout the was stations at activity areas. disinfect high-touch surfaces a that includes an isolation, quality week and two weeks after the	giene and social distancing reminders, is, travel history, and exposure. It screening, the entire unit will not ill be allowed on camps. Imperpendent ill be allowed on camps. Imperpendent ill be allowed on camps. Imperpendent in inside buildings. Imp.
medica <u>ensure</u> We kno conside	Il conditions are at higher risk to a second tions are at higher risk to a second from the sec	for severe illness from COVID- m your health care provider pr lunteer, and Scouting family h	y age who have serious underlying 19. If you are in this group, please ior to attending camp. as a unique set of circumstances to formation will be helpful as you
Signatu	ure	 Date	
Signatu	 ire of parent / guardian	 Date	