

# Pre-Event Medical Screening Checklist

The intent of this checklist is to review with each youth and adult participant their current health status, both before departure and upon arrival at the event. Anyone entering camp — including visitors, vendors, etc. — should be screened using this checklist.

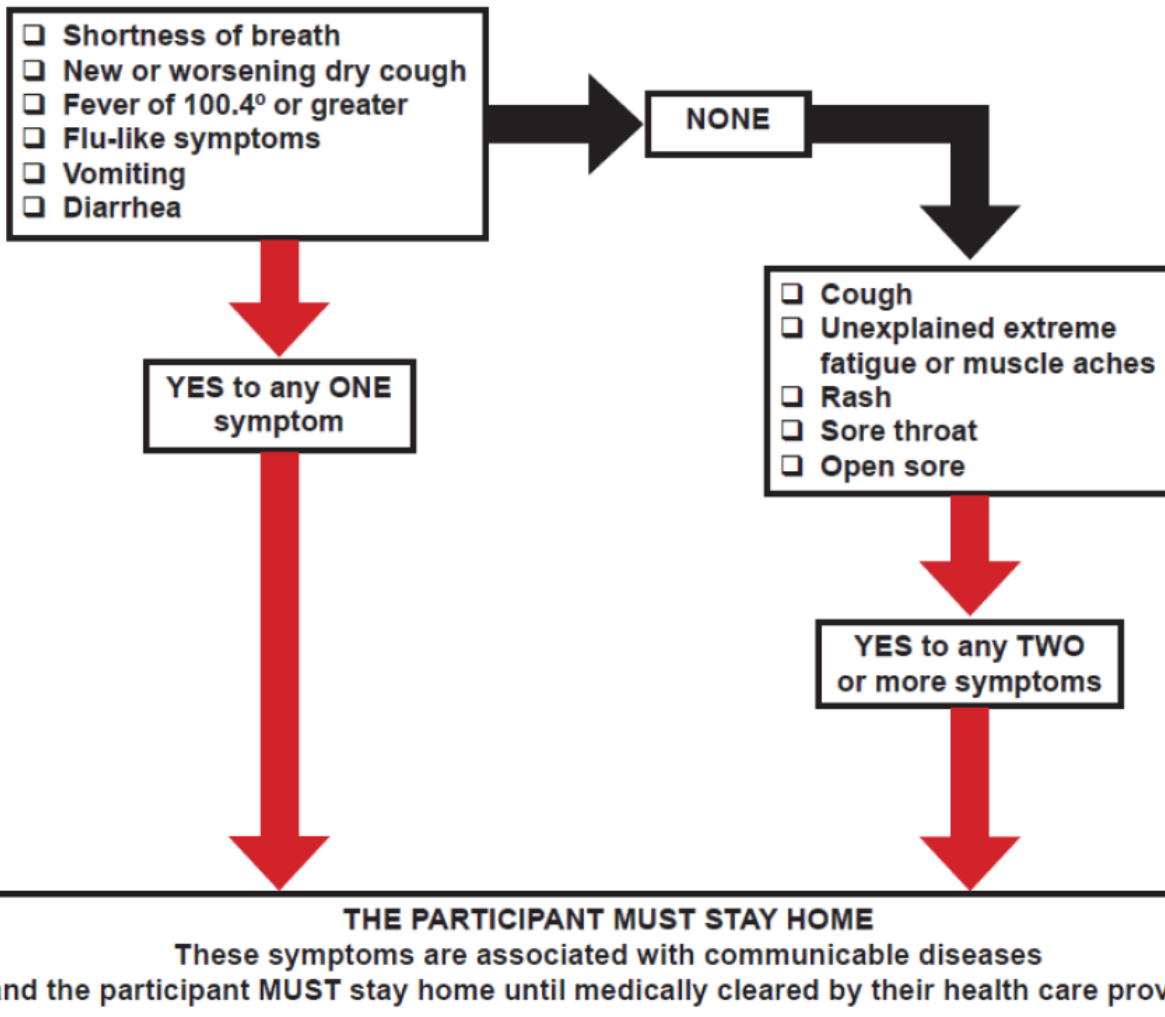
*Council has customized with input from council health supervisor and local health department.*

- Yes  No In the last 14 days have you been in contact with anyone who has COVID-19 or is otherwise sick?
- Yes  No Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak in the last 14 days?

***If the answer is “yes” to either of these questions, the participant must stay home.***

- Yes  No Are you in a higher-risk category as defined by the CDC guidelines?  
If the answer is “yes” to this question, we recommend that you stay home. Should you choose to participate, you must have approval from your healthcare provider and then proceed to the symptom decision tree below.

***If the above answers are “no,” proceed to this symptom decision tree.***



\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Scout's Name*

\_\_\_\_\_  
*Temperature*