

Pre-Event Medical Screening Checklist

This checklist is 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# _____ Campsite _____

Has the participant had any of the following symptoms in the last 24 hours?

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

If the participant has fever, vomiting, OR diarrhea, **he or she should stay home.**

Has the participant had any of the following symptoms in the last 24 hours?

- Unexplained extreme fatigue or muscle aches
- Rash
- Cough
- Sore Throat
- Open sore

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.

Has the participant had any of these symptoms that may be associated with Covid-19?

- Cough
- Fever
- Shortness of Breath
- Bluish Lips

This person should have seen their personal physician. This person may not participate without medical clearance by their personal physician.

Has the participant been around another person with any symptoms associated with Covid-19?

Has the person been around another person with Covid-19?

Has the participant been out of the country in the past 30 days?

This person may not participate without medical clearance by their personal physician.