Pre-Event Medical Screening Checklist

Participant's Name: _____ Patrol_____

Event Date & Name: _____

Use this checklist to assist in identifying potentially communicable diseases before event participation. 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 a meeting, camp or day activity — including visitors, vendors, etc. — should be screened using this checklist.

☐ YES ☐ NO 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 the participant stay home.
Should you choose to participate, you must have the Supplemental Medical Permission form from your healthcare provider to attend.

Currently, are you experiencing any of the following symptoms:

- ☐ Shortness of breath
- ☐ New or worsening dry cough
- ☐ Fever of 100.4º or greater
- ☐ Flu-like symptoms
- ☐ Vomiting
- ☐ Diarrhea

If the answer is "yes" to any of these symptoms, the participant must stay home.

Currently, are you experiencing any of the following symptoms:

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

If the answer is "yes" to any two of these symptoms, the participant must stay home.

Event Medical Screening Log

Use this log to assist in continual screening of participants at periodic intervals during the event. (at least once per day)

Date	Time	Temp	Comments	Test Done By
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