

# Model 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 [close contact\\*](#) 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 [close contact\\*](#) 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?
- ☐ Yes ☐ No Have you or has anyone you have been in [close contact\\*](#) with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?

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

- 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
- You had direct physical contact with an infected person (hugged or kissed them)
- You shared eating or drinking 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 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.*

- ☐ **Shortness of breath**
- ☐ **Cough**
- ☐ **Fever of 100.0° or greater**
- ☐ **Flu-like symptoms**
- ☐ **Repeated shaking with chills**
- ☐ **Fatigue**
- ☐ **Muscle or body aches**
- ☐ **Headache**
- ☐ **Sore throat**
- ☐ **Loss of taste or smell**
- ☐ **Diarrhea**
- ☐ **Nausea or vomiting**

## ***\*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 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.***