

Pre-Event Medical Screening Checklist

Person Completing Form _____ Date _____

Name of Participant _____

- This checklist assists in identifying potentially communicable diseases before event participation.
- Complete this checklist **for each participant before leaving home** for the event.
- It will be reviewed and turned in upon arrival at the event.
- This checklist is to be completed by anyone entering a camp or event (visitors, staff, vendors, etc.)

If the answer is “yes” to question 1 or 2, the participant must stay home.

- Yes No 1. Have you been in contact with anyone who has COVID-19 or is otherwise sick?
- Yes No 2. 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?
- Yes No 3. Are you in a higher-risk category as defined by the CDC guidelines?*

*If the answer is “yes” to question 3, we recommend that you stay home. Should you choose to participate, you must show written approval from your healthcare provider and proceed to the symptom decision tree below.

If the above answers are “no,” answer the questions below that cover the 14 days prior to arriving at camp.

