

PRE-EVENT MEDICAL CHECKLIST

Use this checklist to review with each participant (youth and adult) their health status both before departure and upon arrival at an event. Unit leaders should collect this form from all participants prior to departing.

All participants are required to submit this form upon arrival along with their health form.

Participant Name: _____	Unit Number: _____
Address: _____	
Phone: _____	Email: _____
Council: _____	Name of Driver: _____

Section 1: Recent Interactions

- | Yes | No | |
|-----|-----|--|
| ___ | ___ | Have you been in contact with anyone who has COVID-19 or is otherwise sick with a respiratory illness in the last 14 days? |
| ___ | ___ | Have you or anyone you have been in close contact with live, work, or travel in an area with an outbreak of COVID-19. |
| ___ | ___ | Are you or anyone you have been in close contact with under current advisement by public health to quarantine or self-isolate? |

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

Section 2: Health Screening

Have you or any of your immediate family had any of the following symptoms in the last 24 hours?

- | Yes | No | |
|-----|-----|-----------------------------|
| ___ | ___ | Shortness of breath |
| ___ | ___ | New or worsening dry cough |
| ___ | ___ | Fever of 100.4 F or greater |
| ___ | ___ | Flu-like symptoms |
| ___ | ___ | Vomiting |
| ___ | ___ | Diarrhea |

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

Have you or any of your immediate family had any of the following symptoms in the last 24 hours?

- | Yes | No | |
|-----|-----|---|
| ___ | ___ | Cough |
| ___ | ___ | Unexplained extreme fatigue or muscle aches |
| ___ | ___ | Rash |
| ___ | ___ | Sore throat |
| ___ | ___ | Open sore |

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