



ATLANTA AREA COUNCIL
BOY SCOUTS OF AMERICA.

COVID-19 Pre-Event Medical Screening Checklist

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.**

Name: _____

Phone: _____

Event:

Date:

___ 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.

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

COVID-19 Vaccination

Scouters may choose to volunteer information about their vaccination.

- I have received 1 out of 2 in the vaccination series.
- I have received both vaccinations in the series or the 1 dose version.

****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.