



Pre-Camp Medical Screening Checklist

This is a tool to assist parents and leaders in identifying potentially communicable diseases in advance of event participation. The intent of this checklist is to review with each participant their current health status both before departure and upon arrival at the event.

Participant's Name _____ Unit # _____

Has the participant or anyone in the participant's household had a confirmed case of COVID 19? YES NO

Has the participant had any of the following symptoms in the last 2 weeks?

- Fever (100.4 F or greater) YES NO
- Chills YES NO
- Diarrhea YES NO
- Cough or Shortness of Breath YES NO
- Sore throat YES NO
- Vomiting YES NO
- Flu-like symptoms YES NO
- Sudden Loss of taste or smell YES NO

If the answer to ANY of the above questions is YES, the participant should **STAY HOME**.

Has the participant had any of the following symptoms in the last 72 hours?

- Unexplained extreme fatigue or muscle aches
- Rash
- Open sore

If the participant has one of these symptoms, discuss any limitations and restrictions and consider having him or her stay home. Participants who become ill should not return to the activity until they are cleared by a health-care provider.

If any of the following are true, it is recommended that after leaving camp, that you isolate away from any home which may have any high-risk individual, for 14 days. This is to make sure you do not infect someone in your home. Is anyone in your household:

- Over age 65?
- Immunosuppressed? (On drugs which suppress the immune system; have a blood disease which is being treated; receiving treatment for Multiple Sclerosis; or on Humira, Imuran, Remicade, Cimzia, Tysabri, Enryvio, Stelara?)
- Undergoing ACTIVE treatment for cancer (getting chemotherapy)?

YES NO

You should consider not going to camp this year if you live with someone who is high risk to have a serious COVID 19 infection, unless you can stay away from them for 14 days after you leave camp.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AS OF THIS INDIVIDUAL'S TIME OF DEPARTURE FOR CAMP.

Signature _____
(if under 18, parent or guardian should sign)

Date _____