

## Pre-Event/Pre-Departure Medical Screening Checklist

### Leaders/Parent/Guardian

This checklist must be completed for each Scout **AND** Adult in your unit who is attending any camp, activity, or training conducted in the Golden Spread Council or Districts within the council **BEFORE** they depart home for the camp/activity, or training. Upon arrival at the event, this checklist **must** be turned in to Medical personnel, the Camp Director, or Event Chairperson for each participant. Any scout or adult without this checklist completed and signed, will **NOT** be allowed to remain at the camp or event and all participants who are in the same vehicle (or any other means of transportation) will remain isolated and risk being sent home. The decision of the Medical personnel is final.

#### Question #1:

Has the participant had any of the following symptoms in the last 24 hours?

Fever (100.4 F or greater)  Vomiting  Diarrhea -  None of these

If the participant has fever, vomiting, OR diarrhea—he or she should stay home.

#### Question #2:

Has the participant had any of the following symptoms in the last 24 hours?

Unexplained extreme fatigue or muscle aches  Rash  Cough  Sore throat  Open sore  None of these

If the participant has any two (or more) of these symptoms—he or she should stay home. If the participant has one of these symptoms, discuss any limitations and restrictions and consider having him or her stay home.

#### Question #3:

Has this participant been diagnosed with Covid-19 (Yes or No)( circle one) and if so when \_\_\_\_\_ and has this participant been cleared by a Health official Yes or No (circle one) , and what date was clearance given \_\_\_\_\_.

If not cleared or date not provided, the participant will not be allowed on the camp or any activity/training.

#### Question #4

Has this participant been exposed to anyone diagnosed with COVID-19 and who is currently quarantined?

Yes  No  If yes, is the person quarantined  Yes  No. If yes, the participant will not be allowed on camp or any activity/training.

- Name of Participant: First \_\_\_\_\_ Last \_\_\_\_\_
- Contact Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_
- Emergency Contact Name and Phone Number: \_\_\_\_\_
- Sex: Male Female (Circle one)
- Unit Type: Pack Troop Crew Ship Post (Circle One) Unit Number: \_\_\_\_\_
- Name of the Event Attending \_\_\_\_\_
- Dates of Event: \_\_\_\_\_
- Location of Event: \_\_\_\_\_

Signature of Parent/Guardian if participant is under 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult Participant: \_\_\_\_\_ Date: \_\_\_\_\_