

Pre-Event/Pre-Departure Medical Screening Checklist

(Revised April 14, 2021)

Leaders/Parent/Guardian

This checklist must be completed for each Youth **AND** Adult 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 youth 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.

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.

*** I understand the risks of attending this event with COVID-19 or any other disease: Initial _____**

*** I understand that participating in this event, the Youth and/or Leader and/or Parent Photo may be taken and used in various Golden Spread Council media publications: YES or NO, I do not give permission.**

*** I understand that if my scout would like to participate in any shooting sports activities or waterfront activities while at camp, I give my permission for him/her to take part in such activity: YES or NO, I do not give permission for Shooting Sports or Waterfront (Circle one)**

- Name of Participant: First _____ Last _____
- Contact Phone Number: _____ Sex: Male Female (Circle one)
- If applicable: Unit Type: Pack Troop Crew Ship Post (Circle One) Unit Number: _____ NOT APPLICABLE _____
- Name of the Event Attending _____ Dates of Event: _____ Location: _____

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

Signature of Adult Participant: _____ Date: _____