

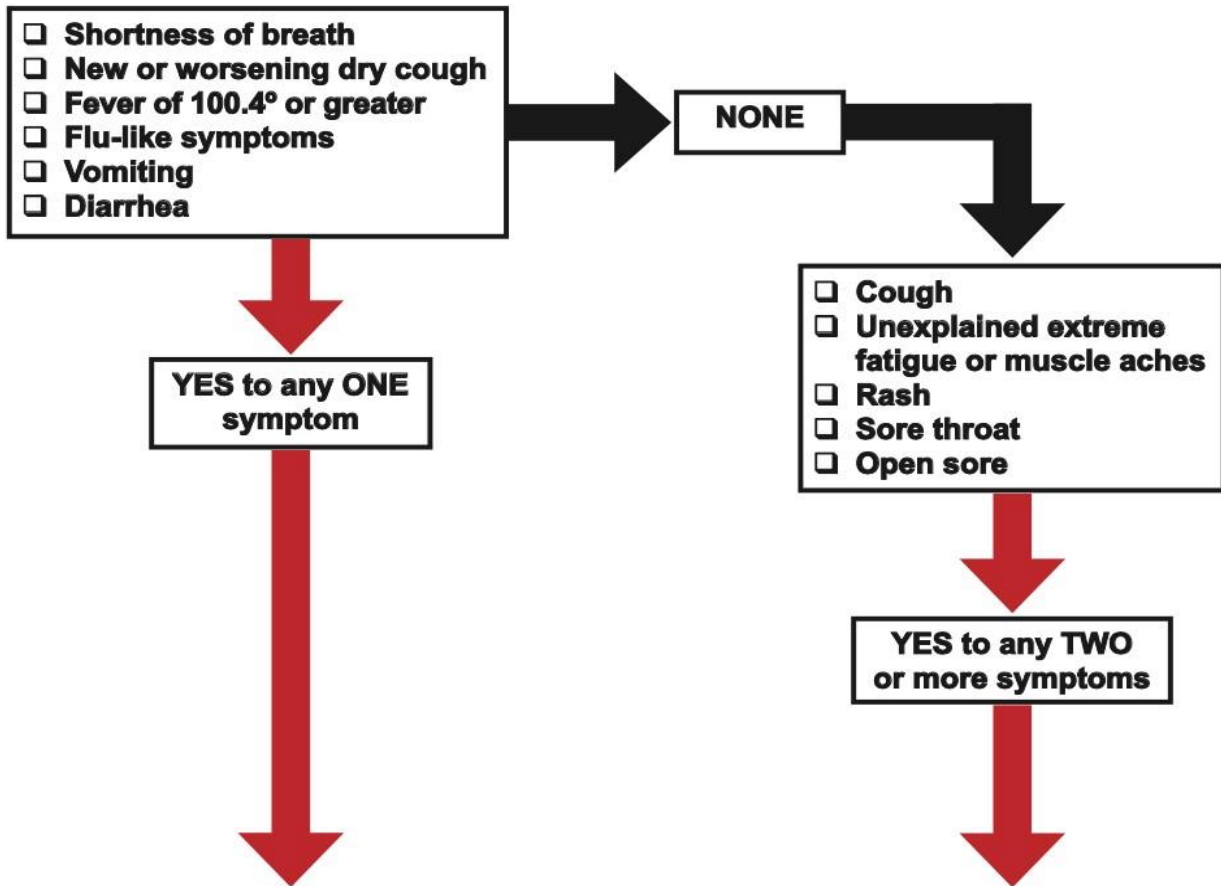
Model Pre-Event Medical Screening Checklist

- Yes No Have you been in contact with anyone who has COVID-19 or is otherwise sick?
- Yes No Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak in the last 14 days?

If the answer is “yes” to either of these questions, the participant must stay home.

- Yes No Are you in a higher-risk category as defined by the CDC guidelines?
If the answer is “yes” to this question, we recommend that you stay home. Should you choose to participate, you must have approval from your healthcare provider and then proceed to the symptom decision tree below.

If the above answers are “no,” proceed to this symptom decision tree.



THE PARTICIPANT MUST STAY HOME
 These symptoms are associated with communicable diseases
 and the participant **MUST** stay home until medically cleared by their health care provider.

680-057
 2020 Printing

Signing below I am stating the above answers are true and correct 24 hours prior to arrival to camp.

Printed Name: _____ Pack#: _____ Council: _____

Signature: _____ Date: _____ Temperature: _____