BSA Pre-Event Medical Screening Checklist

This is a tool to help leaders identify 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.*

Name:	Date/Event:
Unit:	Campsite:
Do not participate if you have any o	f the following symptoms in the past 24 hours:
☐ Fever (100.4° F or greater)	
□ Vomiting	
☐ Diarrhea	
☐ New cough	
Do not participate if you or anyone y	ou live with has recently tested positive for COVID-19 or does not have test results back.
If you have a positive COVID-19 test, treatment recommendations.	follow the CDC guidance for isolation and your personal health care provider's
	at of others. Isolate if you are sick. Do not attend any activity/meeting/event if you, ave recently been around feel unwell. Symptoms might include:
☐ Unexplained extreme fatigue	
Unexplained muscle aches	
☐ New rash	Participants who are symptomatic or ill should not attend or return to an activity until cleared by their health care provider.
☐ Sore throat	to an activity until cleared by their fleath care provider.
☐ Open sore	
Camper Clear to Part	icipate Yes No
COVID-19 Immunizati	on Status
Camper has been Immunized	Yes No
Injection / Date / Brand #1	Injection / Date / Brand #2
Injection / Date / Brand #3	Injection / Date / Brand #4



