



PRE-EVENT SCREENING FORM

This tool was created by the Santa Fe Trail Council to assist Unit 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.

Parent Name: _____ Unit #: _____ Council: _____

Participant Name: _____ Temperature: _____

YES OR NO Has the participant been in contact with anyone who has COVID-19 or is otherwise sick?

YES OR NO Has the participant or anyone they 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?

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

Table with 3 columns: Symptom, UNIT LEADER (YES OR NO), and EVENT STAFF USE ONLY (YES OR NO). Rows include Fever (100.4 F or greater), Vomiting, and Diarrhea.

If a participant has fever, vomiting, or diarrhea - he or she should stay home.

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

Table with 3 columns: Symptom, UNIT LEADER (YES OR NO), and EVENT STAFF USE ONLY (YES OR NO). Rows include Extreme Fatigue or Muscle Aches, Rash, Cough, Sore Throat, Open Sore, and Sudden Loss of Taste or Smell.

If a participant has any two (or more) 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. If a participant becomes ill during a Camp Program, they should not return to an activity until they are cleared by a health-care provider.

Signature: _____ Date: _____

EVENT STAFF USE ONLY:

Staff Performing Medical Check: _____

Participant Temperature upon Camp arrival: _____

Staff Signature: _____

