



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.

Participant Name: _____ Unit #: _____ Council: _____

Parent Name: _____ Pre-Arrival Temperature: _____

YES or NO Has the participant or anyone in their household been in close contact* in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?

YES or NO Has the participant or anyone in their household been in close contact* with anyone who has been tested for COVID-19 and waiting for results?

YES or NO Has the participant or anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?

YES or NO Has the participant or anyone in their household been sick in the past 14 days, or have they been tested for any illness and are waiting for results?

YES or NO Has the participant or anyone in your household been in close contact* with anyone who traveled on a cruise ship or internationally to an area with a known communicable disease outbreak in the past 14 days?

YES or NO Have you received the COVID-19 vaccine?

*According to the Centers for Disease Control and Prevention (CDC), "close contact" means:

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period.
- You had direct physical contact with an infected person (hugged or kissed them)
- You shared eating or drinking utensils
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you.

Has the Participant or anyone in their household had any of the following symptoms in the last 24 hours?

	UNIT LEADER			EVENT STAFF USE ONLY		
	YES	or	NO	YES	OR	NO
Fever (100 F or greater)	YES	or	NO	YES	OR	NO
Vomiting	YES	or	NO	YES	OR	NO
Diarrhea	YES	or	NO	YES	OR	NO

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

Has the Participant or anyone in their household had any of the following symptoms in the last 24 hours?

	UNIT LEADER			EVENT STAFF USE ONLY		
	YES	or	NO	YES	OR	NO
Extreme Fatigue or Muscle Aches	YES	or	NO	YES	OR	NO
Rash	YES	or	NO	YES	OR	NO
Cough or Sore Throat	YES	or	NO	YES	OR	NO
Open Sore	YES	or	NO	YES	OR	NO
Sudden Loss of Taste or Smell	YES	or	NO	YES	OR	NO

If a participant has one (or more) symptoms - **he or she must 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.

Unit Leader Signature: _____ Date: _____

EVENT STAFF USE ONLY: Staff Performing Medical Check: _____

Participant Temperature upon Camp arrival: _____ Staff Signature: _____

