

Connecticut Yankee Council, BSA COVID-19 Pre-Event Medical Screening Checklist (Rev 06/01/2022)

Name:				Unit/Campsite:			Date:	
Review with each youth and adult participant their current health status, both before departure and upon arrival at the event. Everyone entering a camp or event must be screened.								
	Yes	No Have you received a positive test result for COVID-19 in the past 5 days?						
	Yes		No	Are you currently in quarantine for COVID-19 exposure or due to contact tracing?				
	Yes		No	Are you currently ill or have you been ill at any time in the past 5 days?				
For unvaccinated individuals: at any time in the past 10 days, have you								
	Yes		No	- been in close contact with anyone known or suspected to have COVID-19?				
	Yes		No	- been in close contact with anyone who is waiting for results of a COVID-19 te				
	Yes		No	- travelled outside of the United States?				
If the answer is YES to <u>any</u> question above, you should stay home. If the answer is NO to <u>all</u> questions above, proceed to the symptom list below. If you have any one or more of the following new or worsening symptoms consistent with COVID-19, you should stay home.								
	Shortn	ess o	of bre	ath 📮	Congestion or runny nose		Cough	
	Difficu	Ity b	reathi		New loss of taste or smell		Sore Throat	
	Muscle	e or k	oody a	aches 🔲	Diarrhea		Fatigue	
	Fever	or ch	ills		Nausea or vomiting		Headache	
NOTE: Potential Higher-Risk Individuals								
	Yes		No	Are you in a higher-risk category as defined by the CDC, including older adults, people with medical conditions, and those with other individual circumstances?				
If the answer is YES, we recommend you stay home. If you choose to participate, you should first discuss this with your health care provider.								
	Yes		No	Have you beer	vaccinated for COVID-19?	First or only shot	:	
				Second shot:				
			First Booster shot:					
		Second Booster shot:						
	Yes		No	Do you have re	ecent negative COVID-19 test	? Test Date	:	