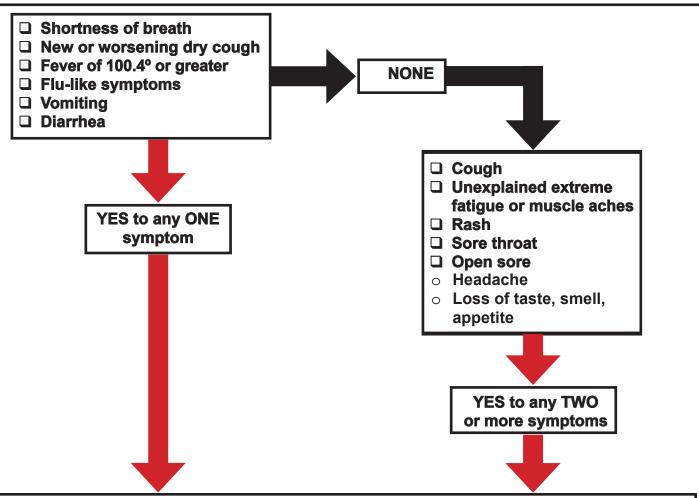
Pre-Event Medical Screening Checklist

Person Completing For	rm	_ Date
Name of Participant		
 This checklist assists in identifying potentially communicable diseases before event participation. Complete this checklist for each participant before leaving home for the event. It will be reviewed and turned in upon arrival at the event. This checklist is to be completed by anyone entering a camp or event (visitors, staff, vendors, etc.) 		
If the answer is "yes	" to question 1 or 2, the participant	must stay home.
	2. Have you or anyone you have been in	ne who has COVID-19 or is otherwise sick? in close contact with traveled on a cruise ship, known communicable disease outbreak in
☐ Yes ☐ No	3. Are you in a higher-risk category as	defined by the CDC guidelines?*
*If the answer is "yes" to question 3, we recommend that you stay home. Should you choose to participate, you		

If the above answers are "no," answer the questions below that cover the 14 days prior to arriving at camp.

must show written approval from your healthcare provider and proceed to the symptom decision tree below.



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.