

SAMOSET COUNCIL PRE-EVENT SCREENING CHECKLIST

The intent of this checklist is to review with each participant (youth and adult) their current health status both before departure and upon arrival. Unit leaders should collect this form from their Scouts prior to departing.

All participants are required to submit this form.

Participant Name: _____ Unit Number: _____

Address: _____

Phone: _____ Email: _____

Name of Driver: _____

Section 1

- | Yes | No | |
|-----|-----|---|
| ___ | ___ | Have you been in contact with anyone who has COVID-19 or is otherwise sick? |
| ___ | ___ | Have you or anyone you have been in close contact with live, work, or travel in an area with a large outbreak of COVID-19 (known as a hotspot area such as New York & Chicago)? |
| ___ | ___ | Are you or anyone you have been in close contact with under current advisement by public health to quarantine or self-isolate? |

If the answer is yes to either of these questions, the participant must stay home.

Section 2

Have you or any of your immediate family had any of the following symptoms in the last 24 hours?

- | Yes | No | |
|-----|-----|-----------------------------|
| ___ | ___ | Shortness of breath |
| ___ | ___ | New or worsening dry cough |
| ___ | ___ | Fever of 100.4 F or greater |
| ___ | ___ | Flu-like symptoms |
| ___ | ___ | Vomiting |
| ___ | ___ | Diarrhea |

If the answer is yes to any of the symptoms above, the participant must stay home.

Section 3

Have you or any of your immediate family had any of the following symptoms in the last 24 hours?

- | Yes | No | |
|-----|-----|---|
| ___ | ___ | Cough |
| ___ | ___ | Unexplained extreme fatigue or muscle aches |
| ___ | ___ | Rash |
| ___ | ___ | Sore throat |
| ___ | ___ | Open sore |

If the answer is yes to any two of the symptoms above, the participant must stay home.

Parent Signature: _____ Date: _____