

Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ Date: \_\_\_\_\_



## Participant Health Screening Checklist

For use at events, camps and outings

All participants, visitors, vendors, etc. (youth and adult) must use this checklist to screen for potentially communicable diseases.

This checklist must be completed before departure on the day of the event.

### Part I: Higher Risk for Serious Illness

Are you in a higher-risk category as defined by CDC guidelines?\* If so, we recommend that you stay home unless you have approval from your health care provider.

The CDC describes those at higher risk for severe illness from COVID-19 as those who are **unvaccinated** and are/have:

- 65+ years old
- Obesity (BMI of 30 or higher)
- Smoker
- Breathing issues (moderate to severe asthma, cystic fibrosis & lung disease)
- Circulation issues (high blood pressure, coronary artery disease, stroke cardiomyopathies, heart abnormalities)
- Diabetes, type 1 or 2
- Uncommon conditions (sickle cell diseases, severe blood disorder, or HIV infection)
- Chronic kidney or liver disease
- Children who are medically complex
- Immunosuppression (continue to check with health care provider about risk status)

### Part II: Recent Interactions

- Yes  No Do you have COVID-19 or are you currently awaiting the results of a COVID-19 test?
- Yes  No Are you unvaccinated and, in the last 10 days, have been in close contact with anyone who has an active case of COVID-19?
- Yes  No Are you unvaccinated and are you under current advisement by public health or a medical professional to quarantine or self-isolate?

**If any question is answered yes, the individual must stay home.**

### Part III: Health Screening

Do you have any of the following symptoms which are related to a new/recent illness and cannot be attributed to another health condition?

- Yes  No Fever (100.4 F +) or chills
- Yes  No Cough
- Yes  No Shortness of breath or difficulty breathing
- Yes  No Fatigue, muscle or body aches
- Yes  No Sore throat, congestion or runny nose
- Yes  No New loss of taste or smell
- Yes  No Headache
- Yes  No Nausea or vomiting
- Yes  No Diarrhea

**If any are checked yes, the individual must stay home until cleared by a physician or individual receives a negative PCR test for COVID-19.**