



Participant Health Screening Checklist

For use at events, camps and outings

All participants and visitors (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: Pre Event Testing for Camps & Overnights

Are you attending a camp or overnight outing? If so, we strongly encourage all participants to take an antigen (at home) test before departure on the day of the event. The federal government is offering free test kits for all families. Details are available on [USPS website](#).

Part II: Higher Risk for Serious Illness

Are you in a higher-risk category as defined by [CDC guidelines](#)?* If so, we strongly encourage you to be [up to date with COVID vaccinations](#) or have a discussion with your health care provider prior to participating.

Part III: 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 [not up to date with COVID vaccinations](#) and, in the last 5 days, have been in close contact with anyone who has an active case of COVID-19?
- Yes No Are you [not up to date with COVID vaccinations](#) 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 IV: 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?

- | | | | |
|--|---|--|----------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Fever (100.4 F +) or chills | <input type="checkbox"/> Yes <input type="checkbox"/> No | New loss of taste or smell |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Cough | <input type="checkbox"/> Yes <input type="checkbox"/> No | Headache |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Shortness of breath or difficulty breathing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Nausea or vomiting |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Fatigue, muscle or body aches | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diarrhea |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Sore throat, congestion or runny nose | | |

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

Individuals testing positive for COVID should follow health department guidelines for isolation but do not need to provide proof of a negative test to return to activities.