## Connecticut Yankee Council, BSA COVID-19 Pre-Event Medical Screening Checklist (Rev 06/15/2021)



Name:				Unit/Campsite:	Date:		
				tus with each youth and adult participant, be one entering a camp or participating in an ev			
	Yes		No	Are you currently ill or have you been ill at	any time in the past 14 days?		
	Yes		No	Are you currently in quarantine for COVID-	19 exposure or due to contact tracing?		
	Yes		No	Are you currently waiting for the results of	a COVID-19 test?		
For <u>unvaccinated</u> individuals: at any time in the past 14 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	in close contact with anyone who is waiting for results of a COVID-19 test?		
	Yes		No	- travelled outside of the United States?			
24-hour period; direct physical contact with an infected person (hugged or kissed them); shared eating or drinking utensils; an infected person sneezed or coughed on you. This applies to people even if wearing face masks.  If the answer is YES to any question above, you should stay home.  If the answer is NO to all questions above, proceed to the symptoms below							
If you have one or more of the following new or worsening signs or symptoms OR if anyone in your household has any one of the following new or worsening signs or symptoms of possible COVID-19, all <u>unvaccinated</u> people in the household must stay home.							
_				aches	☐ Cough ☐ Chills ☐ Fatigue ☐ 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 (you are in a higher risk category), we recommend you stay home. If you choose to participate, you should first discuss this with your health care provider.							
	Yes		No	Have you been vaccinated for COVID-19?	First or only shot:		
					Second shot:		
	Yes		No	Do you have recent negative COVID-19 test?	Test Date:		