

GOSHEN SCOUT RESERVATION

PRE-EVENT MEDICAL SCREENING CHECKLIST

Please complete the checklist below on the day you are leaving for camp. You do not need to turn in this sheet. Unit leaders and provisional campers (scouts attending as individuals) should fill out and turn in the Unit Pre-Event Medical Screening Form.

This is a tool to help leaders identify potentially communicable diseases in advance of event participation. The intent of this checklist is to review with each participant their current health status both before departure and upon arrival at the event.

Do not participate if you have had any of the following symptoms in the past 24 hours:

- Fever (100.4°F or greater)
- Vomiting
- Diarrhea
- New cough

Do not participate if you or anyone you live with has recently tested positive for COVID-19 or does not have test results back.

If you have a positive COVID-19 test, follow the CDC guidance for isolation and your personal health care provider's treatment recommendations.

Be responsible for your health and that of others. Isolate if you are sick. Do not attend any activity/meeting/event if you, anyone you live with, or anyone you have recently been around feel unwell. Symptoms might include:

- Unexplained extreme fatigue
- Unexplained muscle aches
- New rash
- Sore throat
- Open sore

Participants who are symptomatic or ill should not attend or return to an activity until cleared by their health care provider.

For parent/guardians:

Keep your child home if exposed to COVID-19 and not up to date with their vaccines. If your child isn't up to date with their COVID-19 vaccines and has been in close contact with someone who has COVID-19, keep them home from camp for 5 days, get them tested, and take precautions (such as wear a mask around others) until day 10, per CDC guidance, and notify camp staff.

For further information please refer to the CDC.

Resources:

- www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html
- www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/determine-close-contacts.html

GOSHEN SCOUT RESERVATION UNIT PRE-EVENT MEDICAL SCREENING FORM

Unit: _____ Council: _____

Camp: _____ Week: _____

Participants:

Please attach an additional sheet for more than 25 participants. You may also print out a roster from your registration and attach it instead of listing participants.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____

For Units:

As the unit leader, I attest that everyone in our unit listed above and/or attached to this form has answered the pre-camp medical screening checklist on the day of arrival to attend camp.

Unit Leader Name: _____ Signature: _____ Date: _____

For Provisional Campers:

As the parent/guardian of this scout or scouts, I attest that my child(ren) and myself (if attending), listed above, have answered the pre-camp medical screening checklist on the day of arrival to attend camp.

Parent/Guardian Name: _____ Signature: _____ Date: _____