2020

Pre-Event Medical Screening Checklist

This is a tool to assist leaders in identifying potentially communicable diseases in advance of event participation. The this checklist is to review with each participant their current health status both before departure and upon arrival at 1

Has	the participant had any of the following	symptoms in the las	t 24 hours? (Check one)
	Fever (100 (100) > 99.5		
	Vomiting		
	Diarrhea	20	u u
	None		The state of the s
lf th	e participant has fever, vomiting, OR diar	rhea—h e or she m u	st stay home.
Has	the participant had any of the following	symptoms in the las	t 24 hours? (Check one)
	Unexplained extreme fatigue or muscle aches		
	Rash		
	Cough -		
	Sore throat		
	1 Open sore		
	None		
lf th	e participant has any of these symptoms	s—he or she must st	ay home.
Par	icipant who become ill should not return	to the activity until	they are cleared by health-care provider.
REQ	UIRED INFORMATION:		
	Youth Name (print clearly):		
	Temperature 24 hours prior:	Date:	Time:
	Parent Signature:		
ARR	IVAL AT CAMP:		
	Temperature:	Date:	Time:
	Staff Signature:		