

Name: _____

Unit #: _____

Date: _____

Youth/Adult Health Screening Questionnaire

The intent of this checklist is to review with each youth and adult participant their current health status, both before departure and upon arrival at the event, and to identify potentially communicable diseases. Anyone entering meeting or event—including scouts, parents, leaders—will be screened using this checklist.

- **Yes** #1 - Have you been in close contact with anyone who has or had COVID-19, or another known
- **No** communicable disease outbreak, in the last 14 days?

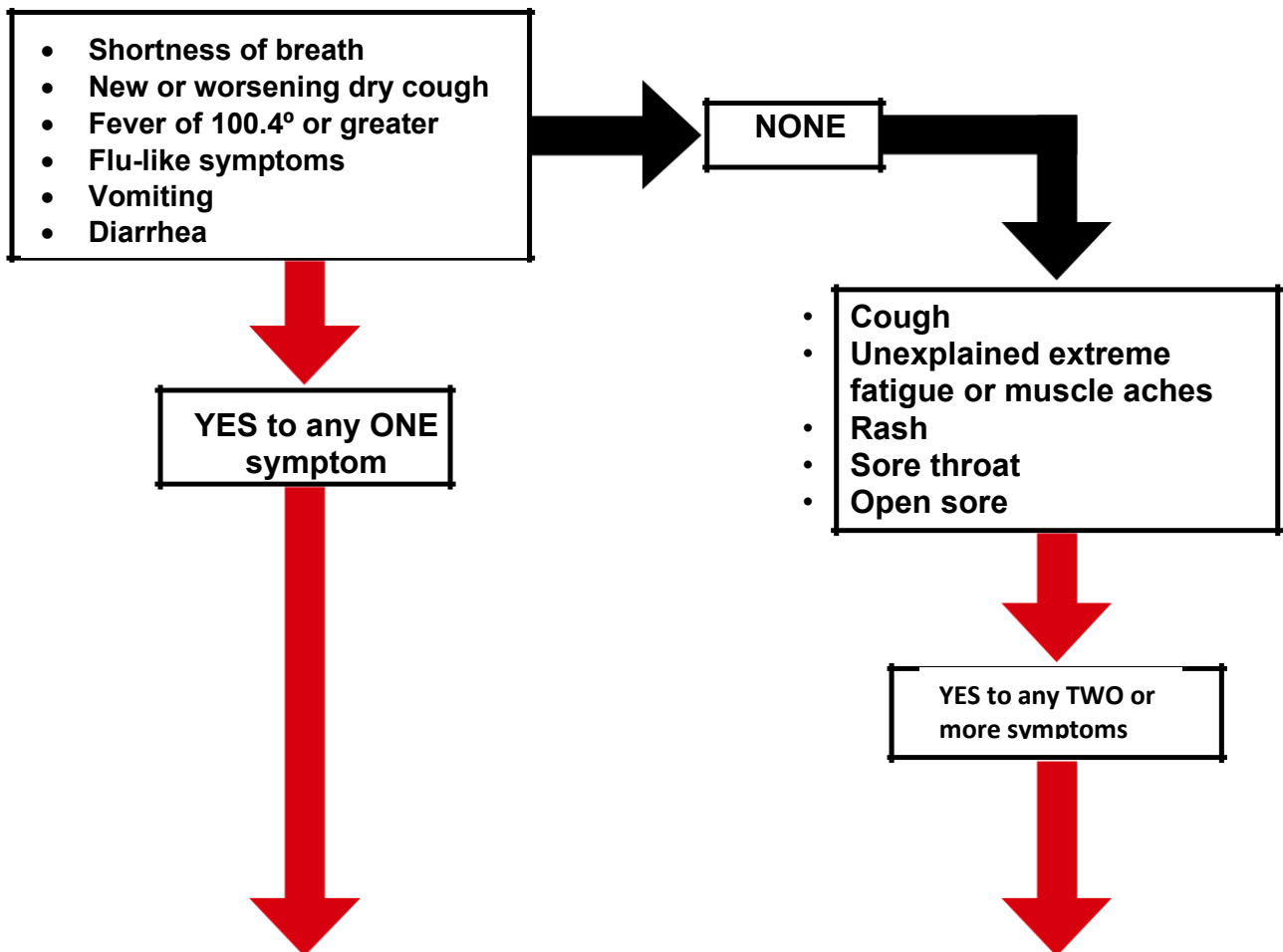
If the answer is yes, the participant must stay home.

- **Yes** #2 - Are you in a higher-risk category as defined by the CDC guidelines?
- **No** ***If the answer is yes, we recommend that you stay home. Should you decide to participate, you must have approval from your healthcare provider and then proceed to the symptom decision tree below.***

- **Yes** #3 - Have you completed your COVID-19 "At Risk" Activity Participation Statement?
- **No** ***If the answer is yes, bring the completed form to the activity. (unless already on file)***

- **Yes** #4 - Have you completed the Parental Commitment to Transport form?
- **No** ***If the answer is yes, bring the completed form to the activity. (unless already on file)***

If the above answers to #1 and #2 are "no," proceed to this symptom decision tree.



THE PARTICIPANT MUST STAY HOME

These symptoms are associated with communicable diseases and participant must be cleared by a doctor