

Arrival Date: _____

Name: _____

Troop: _____

Ransburg COVID-19 Medical Screening Checklist

Before departure, please screen each individual and complete one form per person. Upon arrival at Ransburg, each individual must have their screening form with their Annual Health & Medical Record ready to be reviewed at medical rechecks.

- Yes No Have you or has anyone in your household been in close contact in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?
- Yes No Have you or has anyone in your household been in close contact with anyone who has been tested for COVID-19 and is waiting for results?
- Yes No Have you or has anyone in your household been sick in the past 14 days, or have you or they been tested for any illness and are waiting for results?
- Yes No Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?

***According to the Centers for Disease Control and Prevention (CDC), "close contact" means:**

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period
- You had direct physical contact with an infected person (hugged or kissed them)
- You shared eating or drinking utensils
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you

If the answer is YES to any one of the five questions above, the participant must stay home.

If all answers above are NO, proceed to the symptoms list below.

Symptoms of COVID-19

*If anyone in your household has **any one** of the following new or worsening signs or symptoms of possible COVID-19, the entire household must stay home.*

- Shortness of breath**
- Cough**
- Fever of 100.0° or greater**
- Flu-like symptoms**
- Repeated shaking with chills**
- Fatigue**
- Muscle or body aches**
- Headache**
- Sore throat**
- Loss of taste or smell**
- Diarrhea**
- Nausea or vomiting**

Temperature Check

As part of the screening process, take the temperature of each participant prior to departure and record below.

Temperature: _____

Potential Higher-Risk Individuals

- Yes No Are you in a higher-risk category as defined by the CDC Guidelines including older adults, people with medical conditions, and those with other individual circumstances?

Should you choose to participate, you should have approval from your health care provider, as indicated on your health form, as this is considered a higher-risk activity.