PRE-EVENT HEALTH SCREENING

Participant Name:_____Unit #: _____ ❑ Pack ❑ Troop ❑ Crew ❑ Staff

To reduce the risk of infectious campers and staff from participating in Tidewater Council summer programs, all participants must self-monitor for at least 14-days prior to their arrival. This will include symptom screening for all participants and staff. During this same 14-day period participants are required to disclose if any persons in their immediate family living in the same household and all other persons that they are in close contact on a regular/daily basis such as co-workers, teachers and friends have reported having COVID-19 symptoms OR testing positive for COVID-19.

During the 14-day self-monitoring period IF any Participant or Staff, or a family member or other close contact:

- has any of the Level 1 or Level 2 COVID-19 symptoms or
- has been in close-contact with someone that is waiting for COVID-19 test results or
- has been in close-contact with someone that has tested positive for COVID-19 or
- has traveled by air, bus, or train within the United States or
- has traveled outside of the United States …

The participant or staff member must provide proof of a negative molecular test prior to coming to the program.

In the last 14-days leading up to this program, has the participant:

1) Experienced any one of the ***Level 1*** symptoms? ◯YES ◯NO
2) Experienced any two of the ***Level 2*** symptoms that are new for them? ◯YES ◯NO
3) Been in close-contact with someone that is waiting for COVID-19 test results? ◯YES ◯NO
4) Been in close-contact with someone that has tested positive for COVID-19? ◯YES ◯NO
5) Traveled by air, bus, or train within the United States? ◯YES ◯NO
6) Traveled outside of the United States? ◯YES ◯NO

Level 1 Symptoms *(New or Undiagnosed)*

- Shortness of breath
- Fever of 100.4 or greater
- New or worsening dry cough
- Nausea, vomiting, or diarrhea
- Severe headache
- Loss of taste or smell
- Sore throat

Level 2 Symptoms *(New or Undiagnosed)*

- Cough
- Chills
- Rash or skin discoloration
- Open sore
- Abdominal Pain
- Nasal congestion
- Fatigue or body aches

Any participant answering YES to one or more of the above listed questions must

STAY AT HOME

until they have proof of a negative molecular COVID-19 test

Our signature indicates that we, the youth or adult participant or staff, have completed the Pre-Event Health Screening for the 14-days prior to this program to the best of our ability and we acknowledge that we do not have any of the symptoms and did not answer YES to any of the questions listed above. We further attest that noperson in our family or other close-contacts have had symptoms, are waiting for test results, or have tested positive for COVID-19 during this period and that we meet the requirements to participate in this program.

Participant Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date:_____
(If under the age of 18 years old)

Please use the below Medical Screening Checklist PRIOR to Camp:

☐ Yes ☐ No Have you or has anyone in your household been in close contact* in the past 14 days withanyone known or suspected to have COVID-19 or is otherwise sick? [1]

☐ Yes ☐ No Have you or has anyone in your household been in close contact* with anyone who hasbeen tested for COVID-19 and is waiting for results? [1]

☐ 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? [1]

☐ Yes ☐ No Have you or anyone in your household been exposed to an individual known or suspected to haveCOVID-19 in the past 14 days **or** within the past 10 days **without** a negative COVID-19 test result **at least 5 days after exposure**?[1]

☐ Yes ☐ No Have you or has anyone you have been in close contact* with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?

[1] - Healthcare workers/ first responders who wear approved and properly fitted Personal Protective Equipment (PPE) while treating patients should follow their employer's guidelines when answering these questions.

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 of15 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, and you have not either been diagnosed and recovered within 90 days or fully vaccinated for at least two weeks, 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 **in the past 24 hours**, **the entire household must stay home.***

- ☐ **Shortness of breath**
- ☐ **Cough**
- ☐ **Fever of 100.0º 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**

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?

If the answer is "yes," we recommend that you stay home.