

Participants Name: _____

Adult Signature: _____

Participant Health Screening Checklist

For use at meetings, events, and outings

All participants, visitors, vendors, staff etc. (youth and adult) must use this checklist to screen for communicable diseases before departure on the day of the event.

PLEASE READ EACH QUESTION CAREFULLY	CIRCLE THE ANSWER THAT APPLIES TO YOU	
Have you experienced any of the following symptoms in the past 48 hours? <ul style="list-style-type: none">• Fever or chills• Cough• Shortness of breath or difficulty breathing• Fatigue, muscle or body aches• Sore throat, congestion or runny nose• New loss of taste or smell• Headache• Nausea or vomiting• Diarrhea	YES	NO
Within the last 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?	YES	NO
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	YES	NO
Did you answer NO to ALL QUESTIONS?	Access to this meeting, event and outing is APPROVED . Thank you for helping us protect you and others during this time.	
Did you answer YES to ANY QUESTION?	Access to this meeting, event and outing is NOT APPROVED . Thank you for helping us protect you and others during this time.	

If you are in a high risk category as defined by CDC guidelines, we ask that you stay home or participate virtually unless you have approval from your health care provider to attend.

