

RGC COVID-19/Communicable Illness Pre-Event Medical Screening Checklist

Use this checklist to assist in identifying potential COVID-19/Communicable Illnesses before event participation. Review with each youth and adult participant their current health status, both before departure and upon arrival at the event. **Anyone entering a camp or event – including visitors, vendors, etc. – must be screened.**

- 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?
- 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?

***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 you or 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**
- Nausea, Vomiting, or Diarrhea**

Other Symptoms of Communicable Illness that MAY require exclusion:

- Unexplained Rash; Eye Drainage; Runny Nose; Nasal Congestion**

****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.

Should you choose to participate, you must have approval from your health care provider.

Name: _____ **Date:** _____

Unit Type & #: _____

COVID-19 Risk Acknowledgement

EACH CAMP ATTENDEE MUST COMPLETE THIS FORM AND TURN IN AT CAMP

Print Name _____ Unit Type & Number _____

The safety of all Scouts, volunteers and staff is the Rio Grande Council's top priority.

Our council leaders continue to review national, state, and local health department recommendations to ensure we comply with their guidance to mitigate the risks of COVID-19 being contracted at our camps and facilities.

Our mitigation plan includes:

- Pre-attendance education.
- Health screening conducted by your unit prior to travel to our camp, including a temperature check. Note: See Pre-event Medical Screening flow chart.
- Health screening upon arrival at camp on all persons that enter camp. This screening will be conducted by our camp health officers, which will also include a temperature check. If anyone in the group arriving together does not pass the arrival screening, the entire group will not be allowed to enter camp.
- Limiting visitors in camp. (Parents should drop Scouts at camp parking lot and not enter camp)
- PPE Requirements: Masks must be worn in buildings and when 6-foot distancing cannot be observed.
- Limiting opportunities for participants to be within 6 feet of each other while participating in activities.
- Extra handwashing/sanitizer stations throughout camp.
- Enhanced cleaning and disinfection of high-touch surfaces and shared program equipment.
- Food Service Protocols to stop potential spread of bacteria and virus.
- An emergency response plan that includes an isolation and quarantine protocol should a person at camp develop symptoms of COVID-19 or other communicable disease.

Experts have said that people with COVID-19 may show no signs or symptoms of illness, but can still spread the virus, and people may be contagious before their symptoms occur. The fact is that someone with COVID-19 may pass the required health screenings and be allowed into camp. We also know the very nature of camp may make social distancing difficult in some situations, but very possible in others.

Information from the Centers for Disease Control and Prevention (CDC) states that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. If you are in this group, please ensure you have approval from your health care provider prior to attending camp.

Every staff member, volunteer, and Scouting family must evaluate their unique circumstances and make an informed decision before attending camp. We hope this information will be helpful as you make that choice.

I understand that there is risk due to the contagious nature of COVID-19 and that the protocols outlined above constitute reasonable barriers to mitigate that risk.

Signature of Parent or Guardian / Adult Scouter

Date

Parental Commitment to Transport

(for under 18 only)

To be completed and submitted to camp upon arrival

I understand that any time during my child's stay at any Rio Grande Council Camp Property I may be called on to transport my camper (youth or adult) from camp for medical reasons. I commit to being available for the duration of the session by phone should I need to be contacted by the camp management team. Furthermore, upon consultation with the camp management team I agree to pick up my participant within 8 hours of being contacted. I will also provide a second level contact to be prepared for unforeseen circumstances.

Participant Name

Unit Type & Number

Signed

Date

Primary Contact Name

Phone

Secondary Contact Name

Phone