

# Third-Party Guest Medical Screening Form

The Centers for Disease Control recommends that daily health checks be conducted for camp related events to help in the early detection of COVID-19 for the protection of your group and our staff along with helping to reduce the transmission of COVID-19. As Guests at our camp please conduct health checks of all of your attendees using this form or your own form immediately upon their arrival and every 24 hours while at our camp.

If a person has symptoms of COVID-19 please refer them to your medical professional and isolate the person from other individuals until they can leave camp.

If a person has serious symptoms of COVID-19, seek immediate medical attention while keeping the person isolated from other individuals.

**Instructions:**

This screening should be completed one-on-one in order to help protect the personal medical information all event participants.

Temperature checks should be done with a thermometer such as medical infrared thermometer, a temporal (forehead) thermometer with disposable caps, or an ear thermometer with disposable caps. Thermometers that touch the participant must have disposable caps and a new cap must be used for each participant.

Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Staff or volunteer completing this form

Group Name \_\_\_\_\_ Camp Name \_\_\_\_\_  
Name of Location, Address

The **CDC** has provided the following list of symptoms. People with these symptoms or combination of symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion
- Runny nose
- Nausea or vomiting
- Diarrhea

#	Participant Name	Temperature over 100.4°F?	Any new symptoms listed above?
1		Y N	Y N
2		Y N	Y N
3		Y N	Y N
4		Y N	Y N
5		Y N	Y N
6		Y N	Y N
7		Y N	Y N
8		Y N	Y N
9		Y N	Y N
10		Y N	Y N

*If the participant has **any symptoms from Column A** or **two symptoms, including fever, from Column B** the participant may have symptoms of COVID19. Please isolate this person from the rest of the group and make arrangements for this person to return home as soon as possible. Inform the person/parents that the person has COVID19 symptoms and that they should contact their medical provider or local department of health for further instructions and possible testing.*