Pioneer Scout Reservation Medical Pre-Screening Checklist

We ask that you use this right before leaving the home to meet the rest of your unit and/or before leaving to travel to camp.

START HERE

Have you been in contact with anyone who currently has COVID-19 or is otherwise sick?

- YES
  - THE PARTICIPANT MUST STAY HOME
- NO
  - Have you or anyone that you have been in close contact with traveled on a cruise ship, internationally, or to an area with known communicable disease outbreak in the last 14 days?
    - YES
      - THE PARTICIPANT MUST STAY HOME UNLESS MEDICALLY CLEARED BY THEIR HEALTHCARE PROVIDER
    - NO
      - Do you fall in the “Higher Risk” category as outlined by the CDC?
        - YES
          - THE PARTICIPANT MUST STAY HOME
        - NO
          - In the last 14 day have you experienced
            - Shortness of Breath
            - New or worsening Dry Cough
            - Fever of 100.4 Degrees or Greater
            - Flu like Symptoms
            - Vomiting
            - Diarrhea
          - YES to any ONE symptom
            - THE PARTICIPANT MUST STAY HOME
          - NO
            - In the last 14 day have you experienced
              - Cough
              - Unexplained Extreme Fatigue or Muscle Aches
              - Rash
              - Sore Throat
            - YES to any TWO symptoms
              - THE PARTICIPANT MUST STAY HOME
            - NO
              - YOU MAY ATTEND THE EVENT