



## CORONAVIRUS (COVID-19) PRE-SCREENING CHECKLIST FOR ALL PERSONS

Name: \_\_\_\_\_

1. Within the past 5 days, did the person test positive for COVID-19?

☐ Yes

☐ No

If yes, did they quarantine for 5 days (CDC Dec 2021 guidance).

2. Within the past two weeks, did the person have any of the following respiratory symptoms?

☐ Cough (non-allergy)

☐ Shortness of breath

OR at least *TWO* of these symptoms

☐ fever

☐ repeated shaking with chills

☐ Headache

☐ New loss of taste or smell

☐ Diarrhea

☐ muscle pain

☐ sore throat

☐ vomiting

3. Daily temperature readings are recommended. Has the person's temperature reading been under 100° F each day over the last 14 days?

☐ YES

☐ NO

4. Within the past two weeks, has the person, or anyone in their household been in close contact (15+ minutes of contact per day) with anyone diagnosed with, tested for, or quarantined with COVID-19?

☐ YES

☐ NO

5. Within the past two weeks, has the person, or anyone in their household traveled internationally?

☐ YES

☐ NO

If yes, did the traveler complete a PCR test \*or\* self-quarantine upon return for 2 weeks?

☐ YES

☐ NO

6. Prior to attending camp, check temperature and document results: \_\_\_\_\_°F

Date and time of temperature reading: \_\_\_\_\_

Parent/guardian/staff signature: \_\_\_\_\_