



# BOY SCOUTS OF AMERICA®

## CENTRAL FLORIDA COUNCIL

### RIVERSIDE DISTRICT PRE-EVENT SCREENING FORM

This tool was created to assist Unit Leaders in identifying potentially communicable diseases in advance of event participation. The intent of this checklist is to review with each participant their current health status both before departure and upon arrival at the event.

Parent Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 Participant Name: \_\_\_\_\_ Temperature: \_\_\_\_\_

YES OR NO **Has the participant been in contact with anyone who has COVID-19 or is otherwise sick?**

YES OR NO **Has the participant or anyone they have been in close contact with traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak in the last 14 days?**

**Has the Participant had any of the following symptoms in the last 24 hours?**

	UNIT LEADER	STAFF USE ONLY
Fever (100.4 F or greater)	YES OR NO	YES OR NO
Vomiting	YES OR NO	YES OR NO
Diarrhea	YES OR NO	YES OR NO

If a participant has fever, vomiting, or diarrhea - **he or she should stay home.**

**Has the Participant had any of the following symptoms in the last 24 hours?**

	UNIT LEADER	STAFF USE ONLY
Extreme Fatigue or Muscle Aches	YES OR NO	YES OR NO
Rash	YES OR NO	YES OR NO
Cough	YES OR NO	YES OR NO
Sore Throat	YES OR NO	YES OR NO
Open Sore	YES OR NO	YES OR NO
Sudden Loss of Taste or Smell	YES OR NO	YES OR NO

If a participant has any two (or more) symptoms - **he or she should stay home.** If the participant has one of these symptoms, discuss any limitations and restrictions and consider having him or her stay home.

If a participant becomes ill during a Riverside event, they should not return to an activity until they are cleared by a health-care provider.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**FOR STAFF USE ONLY:**  
 Staff Performing Medical Check: \_\_\_\_\_  
 Participant Temperature upon Camp arrival: \_\_\_\_\_  
 Staff Signature: \_\_\_\_\_

