

Name: _____

Unit: _____ # _____
Troop / Crew / Ship

Camp Minsi COVID-19 Pre-Camp Medical Screening Checklist

FOR FULLY VACCINATED INDIVIDUALS (Fully vaccinated achieved 2 weeks after 2nd shot)

As updated on May 13, 2021 by the CDC, this guidance applies to [fully vaccinated individuals](#). All campers at Camp Minsi are still required to wear masks, except where the activity precludes mask wearing, such as eating, swimming and the like.

- Update that fully vaccinated people no longer need to wear a mask or physically distance in any setting, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance (**As noted, Camp Minsi still requires masks to be worn.**)
- Update that fully vaccinated people can refrain from testing following a known exposure unless they are residents or employees of a correctional or detention facility or a homeless shelter

FOR NOT FULLY VACCINATED INDIVIDUALS

Participants and their immediate households are encouraged to ensure proper social distancing for two weeks prior to attending camp. Every youth and adult participant must review their current health status, both before departure and upon arrival at camp. Complete this checklist to assist in identifying potential COVID-19 cases and risk before event participation.

A current BSA health form, along with social distancing and wearing a mask, are also required from all participants.

Anyone entering camp – 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 [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?

**Details of the Centers for Disease Control and Prevention (CDC), definition of "close contact" can be found [here](#)*

If the answer is YES to any of the questions above, the participant must stay home.

If all answers above are NO, proceed to the symptoms list below.

Symptoms of COVID-19

If 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.**

- | | | |
|---|---|---|
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Flu-like symptoms | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Repeated shaking with chills | <input type="checkbox"/> Loss of taste or smell |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Fever of 100.0° or greater | <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Nausea or vomiting |

****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 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.

Adult Signature (parent/guardian)

Date