

Pre-Event Medical Screening Checklist

This is a tool to assist 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.

Every unit must conduct a pre-event medical screening prior to traveling to Sea Base to be collected upon arrival.

Upon arrival at Sea Base, each unit will be required to have their temperatures taken.

Any unit arriving with one or more persons who are symptomatic of illness will be sent, as a unit, for testing and/or treatment.

Any unit with one or more persons who are sick will not be permitted to remain onsite. Sea Base does not offer medical treatment or quarantine facilities.

Yes No Have you been in contact with anyone who has COVID-19 or is otherwise at risk?

Yes No Have you or anyone you 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?

*If the answer is “yes” to either of the questions above—the participant **MUST** stay home.*

Yes No Are you in a higher risk category as defined by the CDC guidelines?

If the answer is “yes” to this question, we recommend that you stay at home. Should you choose to participate, you must have approval from your healthcare provider then proceed with the symptom checklist and decision requirements below.

If the answers to the above 3 questions have been “No”, proceed to the symptom checklist and decision requirements below.

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

- Fever (100.4° F or greater)
- Vomiting
- Diarrhea
- Shortness of breath
- New or worsening dry cough
- Flu-like symptoms

*If the participant has experienced any one of the symptoms above—he or she **MUST** stay home.*

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

- Unexplained extreme fatigue or muscle aches
- Rash
- Cough
- Sore throat
- Open sore

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

Participants who become ill should not return to the activity until they are cleared by a health-care provider.

Unit Leader Signature

Date

Sea Base Crew Number: _____ Unit Type & Number: _____

This checklist has been reviewed by the following list of participants (first and last name):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For Office Use Only:

Reviewed by Sea Base Staff Name of Staff Member: _____

Sea Base Staff Member Signature

Date