

Sea Base COVID-19 Pre-Event Medical Screening Checklist

Review with each youth and adult participant their current health status, both before departure and upon arrival at Sea Base. **Anyone visiting Sea Base - including participants, 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 contact](#)* with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?

***According to the Centers for Disease Control and Prevention (CDC), “close contact” means:**

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period
- You had direct physical contact with an infected person (hugged or kissed them)
- You shared eating or drinking utensils
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you

***If the answer is YES to any one of the five 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.

- Shortness of breath
- Cough
- Fever of 100.4° or greater
- Flu-like symptoms
- Repeated shaking with chills
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- 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 individual 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.**

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