

# Sea Base COVID-19 Pre-Event Medical Screening Checklist

**Vaccination:** The Center for Disease Control (CDC) and Boy Scouts of America (BSA) **STRONGLY RECOMMENDS** that all participants become [up to date](#) with all vaccinations prior to travel and onsite arrival.

[Up to date](#) means a person has received their primary series of COVID-19 vaccines and relevant boosters.

**Testing:** Sea Base **REQUIRES** that all participants test for COVID-19 24 hours prior to traveling OR provide a physicians note stating that they are recently recovered from COVID-19 (within the last 90 days) and are no longer contagious. Proof of testing or physicians note will be required at check-in. Anyone arriving without proof of testing or physicians note will be denied entry. (Bahamas & USVI participants are subject to government and territory requirements).

## **\*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 strongly recommend that you stay home.**

**Should you choose to participate, you must have approval from your health care provider.**

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, 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?

**\*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

## **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 unless they meet the criteria in the box above.

- 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

**Not Up to Date:** If the answer is YES to any one of the questions above the participant must stay home unless their exposure was 10 or more days ago, they are non-symptomatic and have either tested negative for COVID-19 24 hours prior to arrival or recently recovered from COVID-19 (within the last 90 days).

**Up to Date:** If the answer is YES to any one of the five questions above the participant must stay home unless their exposure was 5 or more days ago, they are non-symptomatic and have either tested negative for COVID-19 24 hours prior to arrival or recently recovered from COVID-19 (within the last 90 days).

**Recently Recovered (last 90 days):** Anyone who is recently recovered from COVID-19 (within the last 90 days) who has been exposed to COVID-19 can attend Sea Base provided they are non-symptomatic.

\_\_\_\_\_ Date

Unit Leader Signature

Sea Base Crew Number: \_\_\_\_\_ Unit Type & Number: \_\_\_\_\_

***This checklist has been reviewed by the following list of participants:***

First:	Last:	Middle Initial:
Vaccinated (Circle One)	Yes	No
Vaccine Type (List)	Vaccine:	
Date of Vaccine (List)	Date:	
Boosted (Circle One)	Yes	No
Date of Booster (List)	Date:	
Recovered in Last 90 Days (Circle One)	Yes	No
Physicians Letter (Circle One)	Yes	No

First:	Last:	Middle Initial:
Vaccinated (Circle One)	Yes	No
Vaccine Type (List)	Vaccine:	
Date of Vaccine (List)	Date:	
Boosted (Circle One)	Yes	No
Date of Booster (List)	Date:	
Recovered in Last 90 Days (Circle One)	Yes	No
Physicians Letter (Circle One)	Yes	No

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Date of Vaccine (List)	Date:	
Boosted (Circle One)	Yes	No
Date of Booster (List)	Date:	
Recovered in Last 90 Days (Circle One)	Yes	No
Physicians Letter (Circle One)	Yes	No

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Date of Vaccine (List)	Date:	
Boosted (Circle One)	Yes	No
Date of Booster (List)	Date:	
Recovered in Last 90 Days (Circle One)	Yes	No
Physicians Letter (Circle One)	Yes	No

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Physicians Letter (Circle One)	Yes	No

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Recovered in Last 90 Days (Circle One)	Yes	No
Physicians Letter (Circle One)	Yes	No

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Date of Booster (List)	Date:	
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Physicians Letter (Circle One)	Yes	No

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Date of Vaccine (List)	Date:	
Boosted (Circle One)	Yes	No
Date of Booster (List)	Date:	
Recovered in Last 90 Days (Circle One)	Yes	No
Physicians Letter (Circle One)	Yes	No

**\*Important Advisory\***

All participants and parents of participants are advised that Sea Base **DOES NOT** have onsite facilities for treatment, quarantine, or isolation. Due to lack of onsite for quarantine or isolation, Sea Base **STRONGLY RECOMMENDS** that all participants, regardless of vaccination status, test for COVID-19 24 hours prior to traveling to Sea Base.

For Office Use Only:

Reviewed by Sea Base Staff Name of Staff Member: \_\_\_\_\_

\_\_\_\_\_  
Sea Base Staff Member Signature

\_\_\_\_\_  
Date