

# BSA Pre-Event Medical Screening Checklist

This is a tool to help leaders identify 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.\*

Crew Leader Name: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Sea Base Crew Number: \_\_\_\_\_

Review the following symptoms with each participant in your crew before departure to Sea Base. List each participant on page 2, complete, print, and submit one checklist per crew attending.

**Do not participate** if you have any of the following symptoms in the past 24 hours:

- Fever (100.4° F or greater)
- Vomiting
- Diarrhea
- New cough

**Do not participate** if you or anyone you live with has recently tested positive for COVID-19 or does not have test results back.

If you or any of your crew members have a positive COVID-19 test, follow the CDC guidance for isolation and your personal health care provider's treatment recommendations.

Be responsible for your health and that of others. Isolate if you are sick. Do not attend any activity/meeting/event if you, anyone you live with or anyone you have recently been around feel unwell. Symptoms might include:

- Unexplained extreme fatigue
- Unexplained muscle aches
- New rash
- Sore throat
- Open sore

**Participants who are symptomatic or ill should not attend or return to an activity until cleared by their health care provider.**

Sea Base Crew/Expedition Number: \_\_\_\_\_  
(ex: CR062823-C or KA072523-A)

Unit Type & Number: \_\_\_\_\_  
(ex: Troop 333 or Ship 444)

**The Pre-Event Medical Screening Checklist has been reviewed by the following list of participants (first and last name):**

*Print and submit one checklist per crew reserved.*

	First Name	Last Name	Middle Name (optional)	Check this box if the participant is free of symptoms described on page 1.
1				
2				
3				
4				
5				
6				
7				
8				
9				
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12				
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16				
17				
18				
19				
20				

\_\_\_\_\_  
Unit Leader Signature

\_\_\_\_\_  
Date

Unit Leader Full Name (printed): \_\_\_\_\_

For Office Use Only:	
<input type="checkbox"/> Reviewed by Sea Base Staff Name of Staff Member: _____	
_____ Sea Base Staff Member Signature	_____ Date