BSA COVID-19 HEALTH SCREENING CHECKLIST

Name: _____ Unit #: _____ Date: _____

Temperature: _____ (CDC defines fever as 100.4 F or greater)

Part 1: Recent Interactions

☐ 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 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?

☐ Yes ☐ No Are you or anyone you have been in close contact* with under current advisement by public health to quarantine or self-isolate?

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 are NO, proceed to the symptoms list below.

Part 2: Health Screening/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**.*

☐ Yes ☐ No Shortness of breath or difficulty breathing
☐ Yes ☐ No Sore throat, congestion or runny nose
☐ Yes ☐ No Fever of 100.4 F or greater
☐ Yes ☐ No Flu-like symptoms
☐ Yes ☐ No Repeated shaking with chills
☐ Yes ☐ No New loss of taste or smell

☐ Yes ☐ No Fatigue
☐ Yes ☐ No Muscle or body aches
☐ Yes ☐ No Cough
☐ Yes ☐ No Headache
☐ Yes ☐ No Diarrhea
☐ Yes ☐ No Nausea or vomiting

Part 3: 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.