

**Pre-Camp Medical Screening
Gulf Stream Council, Boy Scouts of America**



Full Name: _____
Date of Birth: _____
Unit Number: _____

In an abundance of caution to prevent the spread of communicable diseases, the Gulf Stream Council is requiring every youth and adult attending camp to complete this Pre-Camp Medical Screening in addition to the BSA Medical Form. Only this form will be collected on the road into camp; please have it handy, not in your pack.

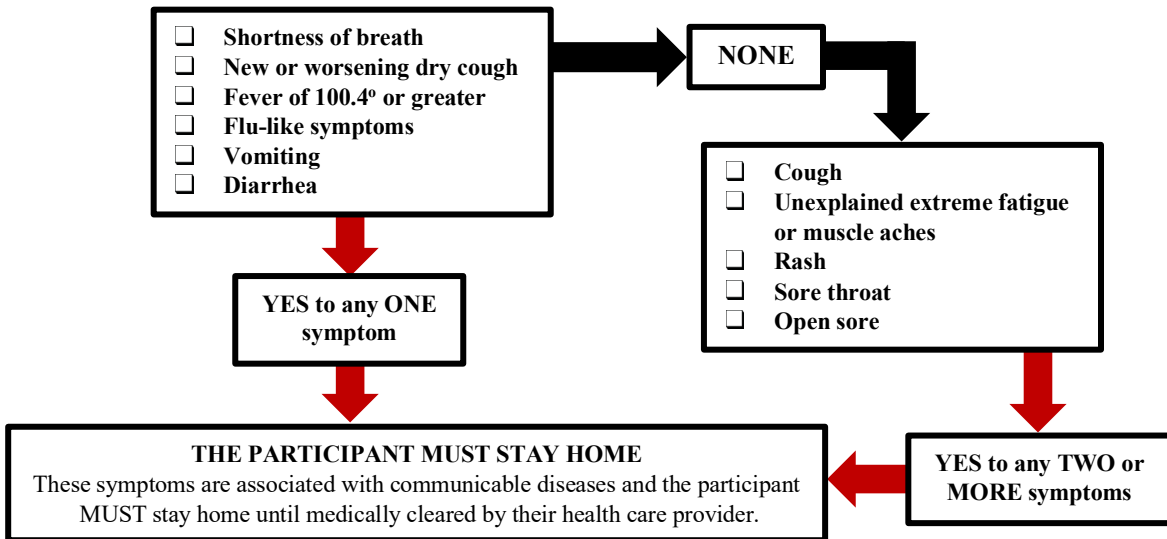
A staff member with protective equipment will collect all Pre-Camp Medical Screening forms on the road into camp and will take the temperature of everyone in the vehicle. Any vehicle with a symptomatic occupant will be asked to turn around and leave camp.

- Yes No Have you been in contact with anyone who has COVID-19 or is otherwise sick?
 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 these questions, 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 home. Should you choose to participate, you must have approval from your healthcare provider and then proceed to the symptom decision tree below.

If the above answers are “no”, proceed to this symptom decision tree.



Participant’s Signature: _____

Date: _____

Parent’s Signature: _____

Date: _____

If the participant is under 18 years of age.

Driver’s Signature: _____

Date: _____

If the person driving is someone other than the participant or parent.