

T90 Medical Check-In Form on Departure Day

Name: _____

Patrol: _____

Temperature on day of camping departure: _____

- 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.

- Shortness of breath
- New or worsening dry cough
- Fever of 100.4° or greater
- Flu-like symptoms
- Vomiting
- Diarrhea

NONE

- Cough
- Unexplained extreme fatigue or muscle aches
- Rash
- Sore throat
- Open sore

YES to any ONE symptom

YES to any TWO or more symptoms

THE PARTICIPANT MUST STAY HOME
These symptoms are associated with communicable diseases and the participant **MUST** stay home until medically cleared by their health care provider.