

# T90 Medical Check-In Form on Departure Day

Name: \_\_\_\_\_

Patrol: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

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.***

