

**SUMMIT BECHTEL RESERVE
PRE-CAMP HEALTH SCREENING SUMMARY**

**BRING THIS FORM WITH YOU
AND PRESENT AT CHECK-IN**

UNIT #: _____
EXPEDITION #: _____

The goal of the pre-health screening is to identify symptoms that may indicate the presence of a contagious condition. This includes but is not limited to COVID-19. The presence of any of the following is not an automatic disqualification from attending camp, but will require follow-up prior to departure. The procedures have been developed in concert with the Fayette County Health Department and are part of the requirements of our permit to operate.

PROCEDURE
Beginning FIVE DAYS prior to your expected arrival at the Summit Bechtel Reserve, participants and leaders should answer the following questions DAILY and document the answers. The crew leaders should keep a summary record of the responses. It is not necessary to turn in this document. However, the unit leader will be asked to sign a statement on the arrival card that the unit has completed the pre-screening process as outlined.

On departure day (DAY 5), prior to leaving, the crew leader should do a final pre-screen of participants and leaders.

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| <ol style="list-style-type: none"> 1. Have you been diagnosed with or exposed to someone is known to have COVID-19? 2. Take and record temperature. 3. Are you experiencing any of the following today? <ol style="list-style-type: none"> i. Fever or chills ii. Cough iii. Shortness of breath or difficulty breathing iv. Fatigue v. Muscle or body aches vi. Headache vii. New loss of taste or smell viii. Sore throat ix. Congestion or runny nose x. Nausea or vomiting xi. Diarrhea 4.. Overall general feeling of health | <p>You should call the Summit Medical Team at (304) 465-2816 for guidance between 8:00 a.m. - 4:00 p.m. EDT for any of the following:</p> <ul style="list-style-type: none"> * Non-productive Cough * Shortness of breath/Difficulty Breathing * Presence of two or more symptoms <p>Do NOT depart for camp with a symptomatic person without first having a discussion with the SBR Medical Team.</p> <p>Prior to departure, please remember to submit your acknowledgement of completion of the pre-screening that was sent to you by email.</p> |
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NAME	DAY 1			DAY 2			DAY 3			DAY 4			DAY 5			NOTES
	TEMP	S	GF	TEMP	S	GF	TEMP	S	GF	TEMP	S	GF	TEMP	S	GF	
JOHN Q. PUBLIC	99.5	Y	S	98.6	N	W	98.5	N	W	97.8	N	W	98.6	N	W	Diagnosed with Food Poisoning on Day 1.
	Vomiting															

Your Local Scout Council:
Your Local Health Dept:
Phone Number:

ENTER TEMP(ERATURE) IN DEGREES F.
ENTER Y or N for S(ymptoms). If Y, note symptoms in the area provided.
GF is general feeling. W(ell), S(ick), N(ot up to par but not actively ill)

