

Medical Screening Questionnaire
National Pike Chapter - Required for All Participants
(if not provided in print, script must be read aloud by the designated screener.)

Do you have a condition that puts you at “Increased Risk for Severe Illness” or “Who Need Extra Precautions” as defined by CDC COVID-19 guidelines?

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>

If the answer is “yes” to this question, we recommend that you stay at home. Should you choose to participate, you must sign below acknowledging you are putting yourself at increased risk.

Please Print Clearly!

Name of Individual Seeking Access: _____

Unit No.# _____ Email: _____

Phone No.# _____ Youth or Adult: _____

Circle one if Applicable: Unit OA Rep / Unit OA Adviser

Signature: _____

Important: The screener should immediately stop the survey and deny entrance into any individual (and any member of their household or occupant of the same vehicle) who answers yes to any survey question (would exclude entire family / household from entrance).

For infection control purposes, we are restricting participation to residents of the State of Maryland. In addition, I need to ask you a few questions:

- Have you been in contact with anyone who has been diagnosed with COVID-19 or is otherwise ill with COVID/flu-like symptoms in the past 14 days?
- Have you, or anyone you have been in close contact with, traveled on a cruise ship or internationally in the last 14 days?
- In the last seven days, have you had a fever of 100.4° or greater or signs of illness such as:
 - Shortness of breath
 - New or worsening cough
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore Throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

Individuals who answer YES to ANY of the above 4 questions on the Medical Screening Questionnaire OR refuse to participate in the survey process must be denied entry into Chapter function.

Access Determination: Approved _____ Denied _____

Name of staff completing form: _____ Date: _____ Time: _____