

WOR Medical Screening Questionnaire

For infection control purposes, we are restricting participation to members of the Baltimore Area Council. In addition, you need to answer 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? **Yes No Initial** _____

- Have you, or anyone you have been in close contact with, traveled on a cruise ship or internationally in the last 14 days? **Yes No Initial** _____

- 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**Yes No Initial** _____

Individuals who answer YES to ANY of the above 4 questions on the Medical Screening Questionnaire OR refuse to participate in the survey process will be denied entry to Broad Creek.

Signature of Participant Seeking Access: _____

Signature of Adult if above person is a minor: _____

Access Determination: **Approved Denied Staff Initial** _____