

## COVID-19 PRE-TRAVEL SCREENING

All staff and participants should review this checklist at least 30 days prior to their trip and must use it to pre-screen themselves and/or their crew on the day they begin travel to Philmont. Crews should remind the entire group that “A scout is Trustworthy”, and one person who becomes ill could cause their entire crew to miss their Philmont experience. A similar screening will be performed upon arrival at Philmont.

Yes  No Have you been in contact with anyone who has been diagnosed or is under investigation for COVID-19 or another communicable disease in the last 14 days?

Yes  No Have you or anyone you have had close contact\* with traveled on a cruise ship, traveled internationally, or to an area with a known communicable disease outbreak in the last 14 days?

**If the participant answers “YES” to any of the above questions, they must stay home.**

Yes  No Have you been hospitalized for COVID-19 since the beginning of the pandemic?

**If the participant answers “YES,” the participant MUST have a Philmont Return to Activity waiver signed by the provider before attending Philmont.**

Yes  No Have you tested positive for COVID-19 in the last 6 months

**If the participant answers “YES,” Philmont recommends that participants be cleared by their physician for high levels of exertion a high elevations.**

Yes  No Are you in any of the higher-risk categories as defined by the CDC guideline? COVID Risk Categories

**If a participant answers “YES” to this question, Philmont recommends that individuals be vaccinated for COVID-19 at least 6 weeks before their arrival date. Any “high-risk” participants or staff should consult their primary care provider about living and participating in activities in a high elevation environment and be cleared for participation in Philmont programs.**

Have you or anyone in your household experienced any new or worsening symptoms from the list below at any time within the last 7 days?

- |                              |                             |                            |                              |                             |                     |
|------------------------------|-----------------------------|----------------------------|------------------------------|-----------------------------|---------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shortness of Breath        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Unexplained fatigue |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cough                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Headache            |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | New loss of smell or taste | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sore throat         |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fever 100.0                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nausea or Vomiting  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Flu-like symptoms          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diarrhea            |

**If a participant answers “YES”, they and anyone else in their household must stay home.**

\*The CDC defines “close contact” as:

- Within 6 feet of someone who has COVID-19 for a cumulative 15 minutes over a 24-hour period.
- Any physical contact with a person with Covid-19 (hugged or kissed them)
- Shared eating or drinking utensils.
- An infected person sneezed, Coughed, or otherwise got respiratory droplets on you.