Heat Wave Drum & Bugle Corps
Pre-Event Screening Form

This form was created by the Heat Wave Administration Team to assist in identifying potentially communicable diseases in advance of event participation. The intent of this checklist is to review with each participant their current health status both before departure and upon arrival at the event.

Participant Name: _____ Temperature: _____

Parent/Guardian Name (required if under 18): _____

YES NO **Has the participant been in contact with anyone who has COVID-19 or is otherwise sick?**

YES NO **Has the participant or anyone they 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?**

Has the Participant had any of the following symptoms in the last 24 hours?

	SELF EVALUATION		HEAT WAVE STAFF USE ONLY	
Fever (100.4 F or greater)	YES	NO	YES	NO
Vomiting	YES	NO	YES	NO
Diarrhea	YES	NO	YES	NO

If a participant has a fever, vomiting, or diarrhea – **they cannot participate in Heat Wave events.**

Has the Participant had any of the following symptoms in the last 24 hours?

	SELF EVALUATION		HEAT WAVE STAFF USE ONLY	
Extreme Fatigue or Muscle Aches	YES	NO	YES	NO
Rash	YES	NO	YES	NO
Cough	YES	NO	YES	NO
Sore Throat	YES	NO	YES	NO
Open Sore	YES	NO	YES	NO
Sudden Loss of Taste or Smell	YES	NO	YES	NO

If a participant has any two (or more) symptoms – they cannot participant in Heat Wave events. If the participant has one of these symptoms, discuss any limitations and restrictions and consider having them stay home.

If a participant becomes ill during a Heat Wave Program, they shall not return to an activity until they are cleared by a health-care provider and the Heat Wave Executive Director.

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(required if under 18)

Heat Wave Drum & Bugle Corps is a performing ensemble of Heat Wave of Florida, Inc., a State of Florida registered 501(c)(3) organization.