

# Pre-Camp Health Screening

Dear Camp attendees and families,

In an effort to minimize illness at camp we ask that you check daily on the health of anyone planning to attend camp, beginning 10 days prior to camp. The best camp sessions start with healthy campers, staff, and volunteers and this begins at home. Please bring this completed form to camp on opening day.

**Please indicate if any of the following symptoms have been experienced prior to camp and record a temperature daily (see next page). If any temperature or symptoms are present, please bring a copy of negative COVID-19 test performed within 5 days of camp start date or consider withdrawing from attendance.**

*Our signature indicates that we completed this health screening daily for 10 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers, staff, and volunteers.*

Attendee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attendee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attendee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attendee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b><u>Please initial</u></b></p> <p><b>1. Attendees have not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _____</b></p> <p><b>2. No one in our household has been sick in the 14 days prior to camp. Initial _____</b></p> <p><b>3. Attendees have adhered to our state’s guidelines regarding COVID19. Initial _____</b></p>
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		Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
		10	9	8	7	6	5	4	3	2	1
Name:	Temp										
	Symptoms: (Y/N)										
Name:	Temp										
	Symptoms: (Y/N)										
Name:	Temp										
	Symptoms: (Y/N)										
Name:	Temp										
	Symptoms: (Y/N)										

Symptoms:	
<ul style="list-style-type: none"> <li>• Cough</li> <li>• Shortness of breath or difficulty breathing</li> <li>• Fever</li> <li>• Chills</li> </ul>	<ul style="list-style-type: none"> <li>• Muscle Pain</li> <li>• Sore throat</li> <li>• New loss of taste or smell</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Diarrhea</li> </ul>