

Camper Name: \_\_\_\_\_

Session: \_\_\_\_\_

## Pre-Camp Health Screening

In an effort to reduce exposure and minimize illness at camp, we ask that you check on the health of your camper daily beginning 14 days prior to the scheduled camp session. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

**Symptoms**

- Cough
- Shortness of breath
- Difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

**Please Initial**

My child has not had a new fever of 100.4 or higher, or a sense of having a fever. \_\_\_\_\_

My child has not developed any of the listed symptoms on the left in the last 14 days that cannot be attributed to another health condition.  
\_\_\_\_\_

My child has not traveled within an area identified as a COVID-19 “hot-spot.” \_\_\_\_\_

My child has not been in contact with an individual who has been ill with respiratory complaints or fever, or who I know has tested positive for COVID-19 \_\_\_\_\_

My child has not been diagnosed with COVID-19. \_\_\_\_\_

Start date of temperature/  
symptom  
screening:  
  
\_\_\_\_\_

<b>Day:</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>11</b>	<b>10</b>	<b>9</b>	<b>8</b>
Temp/ Symp							
<b>Day:</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Temp/ Symp							

*My signature indicates that I completed this health screening daily for 14 days prior to camp and to the best of our ability. I understand that arriving to camp healthy is vital to a healthy camp for all campers and failure to provide this document or complete the onsite screening may be grounds for dismissal.*

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

