

Pre-Camp Health Screening

Camper Name: _____

Date filled out _____

Dear Camp Families - in an effort to minimize illness, we ask that you complete this pre-camp health screening for each member of your family and bring it with you upon registration. **This form is not to be filled out more than 24 hours prior to arriving at camp.** The best camp sessions start with healthy campers and this begins at home. Please indicate if your camper had any of the following symptoms prior to camp. If any symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

COVID-19 Symptoms:				
• Shortness of breath or difficulty breathing	• Cough	• Fever	• Chills	• Muscle Pain
• Sore throat	• New loss of taste or smell	• Nausea	• Vomiting	• Diarrhea

Yes/No	Questions about above named Camper (s)
	Do you have a temperature > 100.0 F* (37.8 C)? Camper's temp today is _____
	Do you have a new or worsening cough?
	Do you have new or worsening shortness of breath?
	Do you have a sore throat?
	Do you have muscle pain or soreness (not due to exercise or overexertion of muscles)?
	Has anyone in your home been tested for COVID19? If yes, When? _____
Additional Questions- if you answer YES to the question below please do not come to camp.	
	Has anyone in your household had close contact with anyone with any of the listed COVID19 symptoms, been tested positive for COVID19 or diagnosed of COVID19 in the 14 days before the start of camp?

We understand that arriving to camp healthy is vital to a healthy camp for all campers.

Signature: _____

Date: _____