

Pre-Camp Health Screening

Camper/ Staff Name: _____

Date filled out _____

Hello- in an effort to minimize illness, we ask that you complete this pre-camp health screening 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 event starts with healthy campers and this begins at home. If any symptoms are or have been present in the last 10 days, please be evaluated by a licensed provider and contact camp for further guidance.

Symptoms:
<ul style="list-style-type: none"> <li style="width: 18%;">• Shortness of breath or difficulty breathing <li style="width: 18%;">• Cough <li style="width: 18%;">• Fever <li style="width: 18%;">• Chills <li style="width: 18%;">• Muscle Pain <li style="width: 18%;">• Sore throat <li style="width: 18%;">• New loss of taste or smell <li style="width: 18%;">• Nausea <li style="width: 18%;">• Vomiting <li style="width: 18%;">• Diarrhea

Yes/No	Questions about above named Camper
	Do you have a temperature > 100.0 F* (37.8 C)? Today's Temp 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)?
	Do you have a new loss of taste or smell?
	Has anyone in your household been in close contact with anyone who has tested positive for 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. If you answered yes to any of the above, please contact camp for further guidance.

Camper/Staff Signature (Parents if under 18): _____

Date: _____