

Health Screening

Camper Name: _____ Session: _____

Please indicate if you/your camper has any of the following symptoms.

- | | |
|---|----------------------------|
| Fever or chills | Headache |
| Cough | New loss of taste or smell |
| Shortness of breath or difficulty breathing | Sore throat |
| Fatigue | Congestion or runny nose |
| Muscle or body aches | Nausea or vomiting |
| | Diarrhea |

Pre-Camp Health Screening (Please Initial and certify each item)

	Yes / No
Has camper/guest been exposed to anyone with any of the listed symptoms or anyone who has tested positive for COVID-19 in the 14 days before the start of camp? <small>*Exposure is defined as being within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.</small>	Yes / No
Has someone in our household been sick in the 14 days prior to camp, or tested positive for Covid-19? Including the camper.	Yes / No
Has camper/guest traveled by air or traveled out of the country in the 14 days prior to camp?	Yes / No
Has camper/guest adhered to our state's guidelines regarding COVID-19?	Yes / No
Have you received the Covid-19 vaccine? (both doses)	Yes / No

Your signature indicates that you have completed this health screening to the best of your ability. Please understand that arriving to camp healthy is vital to a healthy camp for all campers. If a camper cannot certify that the above items are true upon arrival at camp, they exhibit a fever, or exhibit any symptoms of Covid-19 they will not be permitted to remain at camp. In the case that a camper fails to pass all items on this screening, a parent will be called to pick them up from camp as soon as possible.

Parent Signature: _____ Date: _____

Camper Signature: _____ Date: _____

STAFF USE ONLY

Temperature: _____ Date: _____

Reviewed By: _____