



Name: _____ Session: _____

Pre-Camp Health Screening

Dear Campers [C] and Families,

In an effort to minimize illness at camp, we ask that you begin to monitor your health in anticipation of coming. ***Please bring this completed form to camp with you. If you don't, you won't be able to attend camp.*** Please indicate if you have any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please get evaluated by a licensed provider and contact camp for further guidance.

Symptoms (symp):

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

(Please initial)

1. [C] have not been around anyone with listed symptoms or positive COVID-19 diagnosis _____
2. No one in [C] household has been sick _____
3. [C] have not traveled by air or out of my state of origin _____
4. [C] have adhered to state Guidelines _____

Date							
Temp/ Symp							
Date							
Temp/ Symp							

Our signature indicates that we completed this health screening daily for 14 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 and staff.

Signature _____ Date _____