

Participant Name: _____ Event: _____

Pre-Camp Health Screening

Dear Camp families,

In an effort to minimize illness at camp we ask that you your health status beginning 14 days prior to camp. The best camp sessions start with healthy participants and this begins at home. Please bring this completed form to camp on opening day.

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 have seek evaluation by a licensed provider and contact your group leader 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. I have not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _____**
- 2. No one in my household has been sick in the 14 days prior to camp. Initial _____**
- 3. I have not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____**
- 4. I have adhered to our state’s guidelines regarding COVID19.
Initial _____**

Start date of temperature/symptom screening:

Day:	14	13	12	11	10	9	8
Temp/symp							
Day:	7	6	5	4	3	2	1
Temp/symp							

Participant Signature: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____

My signatures indicates that I completed this health screening daily for 14 days prior to camp and to the best of my ability. I understand that arriving to camp healthy is vital to a healthy camp for all participants.