

Camper Name: _____ Session: _____



Camp & Retreat Center Pre-Camp Health Screening

Dear Camp families,
 In an effort to minimize illness at camp, we ask you to check the health of your camper daily beginning 14 days prior to camp. Healthy camp sessions begin at home. Please bring this completed form to camp to registration.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Symptoms:

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

Please Initial:

1. Camper has 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 our household has been sick in the 14 days prior to camp. Initial _____
3. Camper has not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____
4. Camper has adhered to our state’s guidelines regarding COVID19. Initial _____

Start date of temperature/symptom screening: _____							
Day:	14	13	12	11	10	9	8
Temp.							
Symptom							
Day:	7	6	5	4	3	2	1
Temp.							
Symptom							

Our signature indicates 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.

Parent Signature: _____ **Date:** _____
Camper Signature: _____ **Date:** _____