

## Pre-Camp Health Screening

Dear Guest and families,

In an effort to minimize illness at camp, we ask that you check your health and anyone attending from your family daily beginning 14 days prior to camp. The best camp retreats start with healthy guests and this **begins at home**. Please bring this completed form to camp on opening day.

- We will be checking everyone's temperature every morning before breakfast.

**Please indicate if the you have had any of the following symptoms prior to camp. Also, please take and record your temperature on the morning you leave for camp (our request would be that temperature be monitored for 14 days prior to camp). If any temperature or symptoms are present, please be evaluated by a licensed physician and contact camp for further guidance.**

### Symptoms:

- 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 our 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 \_\_\_\_\_

Temperature on date departing for camp:

Date: \_\_\_\_\_

Temperature: \_\_\_\_\_

**\*\*\* Note: If you are categorized as 'at risk', please consider staying home this year.**

*Our signature indicates that I have been monitored for 14 days prior to camp and I am symptom free, to the best of my knowledge. I understand that arriving to camp healthy is vital to a healthy camp for all guests.*

Parent/Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_