

Camper Name: \_\_\_\_\_

Session: \_\_\_\_\_

## Pre-Camp Health Screening

Dear Camp families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 5 days prior to camp. (if possible) The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

**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 (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. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 5 days before the start of camp. Initial \_\_\_\_\_
2. No one in our household has been sick in the 5 days prior to camp. Initial \_\_\_\_\_
3. My child has not traveled by air or traveled out of state in the 5 days prior to camp. Initial \_\_\_\_\_
4. My child has adhered to our state's guidelines regarding COVID-19. Initial \_\_\_\_\_

Start date of temperature/  
symptom  
screening:

Day:	5	4	3	2	1
Temp/ symp					

*Our signature indicates that we completed this health screening to the best of our ability. We understand that arriving at camp healthy is vital to a healthy camp for all campers.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_