



Pre-Camp Health Screening

Staff Name: _____

Session: _____

Dear Camp Staff,

To minimize the spread of COVID-19 at camp, we ask that you monitor your own health daily beginning 14 days prior to camp. Please bring this completed form to camp on opening day.

Please indicate if you have had any of the following symptoms prior to camp. If any temperature or symptoms are present, please make sure you are evaluated by a licensed provider 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 COVID-19 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 internationally or to areas of high risk in the 14 days prior.	Initial _____
4. I have adhered to our state's guidelines regarding COVID-19.	Initial _____

Below: please indicate with a check mark (✓) for each day you were symptom-free

Day prior:	14	13	12	11	10	9	8
Symptom-Free							
Day prior:	7	6	5	4	3	2	1
Symptom-Free							

My signature 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 staff and campers.

Staff Signature: _____

Date: _____