

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 14 days prior to camp. 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 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. My child has not traveled to a state with a case rate over 10 per 100,000 in 14 days prior to camp. MD, VA, WV, DC, DE, PA exempt. Initial \_\_\_\_\_

4. My child 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/symp							
Day:	7	6	5	4	3	2	1
Temp/symp							

*Our signature indicates that 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: \_\_\_\_\_

## 2021 Camper Health Check-In Form

**Parents please fill this form out the morning of arrival.**

<b>Camper's Name</b>			
<b>Camper's Date of Birth</b>			
<b>Date / Time</b>	/		
<b>Parent/Guardian to answer the following questions regarding the camper:</b>			
Any signs/symptoms of illness/injury upon arrival to camp?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any updates/corrections to health information provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was medication brought for your camper (prescription or OTC)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Currently has/has been around anyone in the last 2 weeks with headlice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have any visible marks of bruising, scrapes, cuts on your body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any active health issues? Physical / mental / emotional?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Parent/Guardian to answer the following COVID pre-screening questions regarding the camper:</b>			
<b>Has camper been diagnosed with / or in the same household as someone diagnosed with COVID in the last 14 days?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>If yes, has camper been cleared by a doctor to return to normal activities?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>For campers (Age 12 and over), has camper received a vaccine?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>If yes, Dates: _____ Brand: _____</i>			
<b>Does camper have any condition that may mimic symptoms of COVID?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>If yes, please explain: _____</i>			
<b>Does camper have medical diagnosis that is considered high risk for COVID?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>If yes, please explain: _____</i>			
<b>If you answered yes to any question above, see the camp nurse.</b>			
<b>Has Camper within the past 14 days prior to camp:</b>			
Remained masked & socially distanced from all individuals outside your household?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Participated in a group program (another camp, school, sports)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Parent/Guardian Signature: _____ Date: _____</b>			
<b>Please do not write below this line – camp use only</b>			
Camper Disposition: _____			
Medications Received: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Additional Notes: _____			
<b>Reviewed By</b>	_____	<b>Date</b>	_____