Cam	per Name	Program Name	
	Pre-Camp COVID He	ealth Screening 2022	
ear C	amp Families,		
eginn	•	at you check on the health of your camper daily essions start with healthy campers, and this to camp on opening day.	
1.	Has your child had any of the symptoms of C	COVID-19 in the past 10 days?	
	Yes:	No:	
2.	 If yes, please circle symptoms. Fever (100.4 or higher) or chills Cough Shortness of breath or difficulty breathing Fatigue Muscle or body aches My child has followed CDC quarantine and is currently in the first 5 days of a recommend	 Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting Diarrhea solation guidance for the past 10 days and is not ed quarantine or isolation period.	
	Yes:	No:	
3.	My child is up to date on any COVID vaccina	tions and boosters they are eligible for.	
	Yes: Date:	No:	
4.	My child has had COVID-19.		
	Yes: Date:	No:	
5.	Does your child have any condition that may mimic COVID-19 symptoms?		
	Yes:	No:	
	If yes, please explain:		

Yes:____

If yes, please explain:

No:____



2022 Camper Health Check-In Form

Parents please fill this form out upon arrival.

Camper's Name					
Camper's Date of Birth					
Date / Time /					
Parent/Guardian to answer the following questions regarding the camper:					
Any signs/symptoms of illness/injury upon arrival to camp?			No 🗖		
Any recent exposure to a communicable disease?			No 🗖		
Any updates/corrections to health information provided?			No 🗆		
Was medication brought for your camper (prescription or OTC)?			No 🗆		
Any signs/symptoms of head lice?			No 🗆		
Do you have any visible marks of bruising, scrapes, cuts on your body?			No 🗆		
If you answered yes to any question above, see the camp nurse.					
Parent/Guardian signature					
PLEASE DO NOT WRITE BELOW THIS LINE – CAMP USE ONLY					
Camper Disposition:					
Medications Received: Yes □ No □					
Additional Notes:					
Reviewed By		Date			