



Pre-Camp COVID-19 Symptom Check

Camper Name: _____ Dates at Camp: _____

In an effort to minimize illness at camp, we ask that you perform a daily symptom check on each camper beginning 14 days prior to your arrival. **Please bring a completed form for each camper in your family.**

Please indicate if any of the following symptoms are present and record a temperature daily. If any temperature or symptoms are present, please have your family member 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. This camper has 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. This camper has not traveled by air in the 14 days prior to camp. Initial _____
4. This camper has adhered to state guidelines regarding COVID-19. 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							

My signature indicates that we completed this health screening daily for 14 days prior to camp, and to the best of our ability.

Family Adult Signature: _____ **Date:** _____