

CAMPER NAME: _____ START DATE: _____

Pre-Camp Health Screening --- Begin 3 Days before Retreat Start

Date You **MUST** bring this COMPLETED Form for Camp NURSE on Check-In Day

Please complete the 4-Day chart below by recording your campers temperature daily along with noting any observed symptoms. This should begin one-week before Camp starts and the final entry (Day 0) **before you leave home** on the day camp starts. Campers arriving with elevated temperatures will likely not be able to stay and participate. Should your camper become ill before or during Camp, any registration payments can be refunded or transferred.

Symp # Description Please Read and Initial **ONE WEEK** prior to camp

1. Persistent Cough * *If answering yes to any question below, call the Camp prior to arrival*
2. Difficulty Breathing
3. Has anyone in your household been around someone with COVID-19 symptoms or diagnosis in the past 7 days? Yes _____ No _____
4. Fever (over 100 deg)
5. Body Chills Yes _____ No _____
6. Muscle aches and pain
7. Has anyone in your household had a contagious illness in the past 7 days? Yes _____ No _____
8. Sore Throat past 7 days?
9. Loss of taste or smell
10. Has anyone in your household traveled by air out of state in the past 7 days? Yes _____ No _____
11. Nausea or vomiting
12. Diarrhea Date initialed: _____

Temperature / Screening started _____ which is 3 days before Retreat session begins on 4/ _____

Day	3	2	1	0	Nurse
Temp					
Symp #					

We have completed this health screening form to the best of our ability and believe the information provided is true and accurate to the best of our knowledge. We understand the importance of arriving at Camp healthy, knowing that my child's health has a direct effect on all the other campers and staff in attendance.

Parent / Guardian _____ DATE _____ YOLIJWA

Nurse or Staff Person: _____ DATE _____