

CAMPER COVID-19 PRE-SCREENING QUESTIONNAIRE

The safety of our campers and staff is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following guidance from the Centers for Disease Control and Prevention and local health authorities. To prevent the spread of the coronavirus and reduce the potential risk of exposure to our campers, staff, and community, we are asking all campers to complete and submit this questionnaire upon entering Camp.

- **Please respond to each of the following questions truthfully and to the best of your ability.**
- **The dates should correspond to the 14 days prior to your arrival date at Camp.**

Camper's Name: _____	
Are you currently experiencing any of the following symptoms?	
<ul style="list-style-type: none">• Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)• Cough• Shortness of breath or difficulty breathing• Sore throat• New loss of taste or smell• Chills• Head or muscle aches• Nausea• Diarrhea• Vomiting	
Please take your temperature each day before you answer and list any above symptoms.	
Day 1 Any symptoms? _____	Temperature _____
Day 2 Any symptoms? _____	Temperature _____
Day 3 Any symptoms? _____	Temperature _____
Day 4 Any symptoms? _____	Temperature _____
Day 5 Any symptoms? _____	Temperature _____
Day 6 Any symptoms? _____	Temperature _____
Day 7 Any symptoms? _____	Temperature _____
Day 8 Any symptoms? _____	Temperature _____
Day 9 Any symptoms? _____	Temperature _____
Day 10 Any symptoms? _____	Temperature _____
Day 11 Any symptoms? _____	Temperature _____
Day 12 Any symptoms? _____	Temperature _____
Day 13 Any symptoms? _____	Temperature _____
Day 14 Any symptoms? _____	Temperature _____
Parent/Guardian Signature: _____	Date: _____
Parent/Guardian Printed Name: _____	
Camper's Signature: _____	Date: _____