

Health Screening Assessment

Camper Name: _____

Date: _____

In an effort to reduce illness at camp, we ask that you check on the health of your child daily and complete this form prior to arriving at camp.

Please initial each question, record their temperature and indicate if your child has any symptoms. If symptoms or a temperature are observed, do not bring your child to camp. Please notify the camp director or camp health director of your child's symptoms immediately. It is strongly recommended to have your child evaluated by a licensed healthcare provider prior to returning to camp.

Common COVID-19 Symptoms (Check All That Apply)	<u>Please Initial</u>
<ul style="list-style-type: none"><input type="checkbox"/> Cough<input type="checkbox"/> Shortness of breath or difficulty breathing<input type="checkbox"/> Fever<input type="checkbox"/> Chills<input type="checkbox"/> Muscle pain<input type="checkbox"/> Sore throat<input type="checkbox"/> New loss of taste or smell<input type="checkbox"/> Nausea<input type="checkbox"/> Vomiting<input type="checkbox"/> Diarrhea<input type="checkbox"/> Skin rash<input type="checkbox"/> Redness of eyes<input type="checkbox"/> Loss of appetite<input type="checkbox"/> Fatigue<input type="checkbox"/> Abdominal pain<input type="checkbox"/> Other _____ <p style="text-align: center;"><u>Notify DOH within 24 hours if camper has temperature of 100.4°F and at least one additional symptom.</u></p>	<ul style="list-style-type: none">• My child has not had any COVID-19 symptoms in the past 14 days. Initial _____ • My child has not tested positive for COVID-19 in the past 14 days. Initial _____ • My child has not had close or proximate contact with confirmed or suspected COVID-19 case in the past 14 days. Initial _____

Temperature At Home _____

Date _____

Initial _____

Parent Signature _____

For Office Use Only

Temperature Check Upon Arrival To Camp _____

Received By _____