

Health Pre-Screening for Camp Form

NAME: _____

INDIVIDUAL HEALTH PRE-SCREENING FOR CAMP

Beginning five days before departure for camp, please assess and record the following information. Please share this information with your unit contact, including any concerns that arise.

Please take and record your temperature ****Must be completed prior to arrival****

Date:					
Time:					
Temperature:					

To be completed during check-in by staff member:

Recent Exposure (circle Yes or No)

Have you been diagnosed with or been exposed to someone who has COVID-19 or is suspected of having COVID-19?	Yes	No
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Exhibiting these symptoms? (circle Yes or No)

Fever or Chills?	Yes	No
Cough	Yes	No
Shortness of breath or difficulty breathing	Yes	No
Fatigue	Yes	No
Muscle or body aches	Yes	No
Headache	Yes	No
New loss of taste or smell	Yes	No
Sore throat	Yes	No
Congestion or runny nose	Yes	No
Nausea or vomiting	Yes	No
Diarrhea	Yes	No

How do you currently feel overall?

1-terrible; 5-Completely normal	1	2	3	4	5
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