



10 Days Prior to Camp Health Screening 2022

BRING THIS COMPLETED TO CAMP

Name _____ Date: _____

Date(s) of COVID Vaccination(s) _____ & _____

Manufacturer _____

Date of Negative COVID Test _____ no more than 72 hours before the start of camp.

Dear Camp Member,

In an effort to minimize illness at camp, and the ease of COVID spreading, we ask that you check on your health beginning 10 days before arriving at camp. Please have this form and a physical copy of your Negative COVID test results ready for presentation as you enter camp. Please bring a copy and post your vaccine card in to CampMinder. If any temperature or symptoms are present in a family member, contact Lane Shelton or Sara McDonald for further guidance.

COVID Symptoms: Monitor yourself and those you live with.

Chills

Shortness of breath or different breathing

Congestions

Diarrhea

Excessive Fatigue

Muscle Pain

Nausea

New Cough

New loss of smell or taste

Sore throat

Vomiting

Runny nose

• **I have not experienced any of the symptoms listed above within the last 10 days.**
initials _____

• **To the best of my knowledge, I have not been exposed to COVID-19 or anyone with COVID-19 over the last 10 days.**
initials _____



Temperature 10 days before Camp	
August 10 th _____	August 16 th _____
August 11 th _____	August 17 th _____
August 12 th _____	August 18 th _____
August 13 th _____	August 19 th _____
August 14 th _____	
August 15 th _____	

The signature below indicates that this home health screening is complete to the best of my ability. I understand that arriving at camp healthy is vital to a healthy camp for all participants.

Signature _____ Date _____

Parent or Guardian _____ . Date: _____