



Pre-Camp Health Screening Form

This form WILL BE COLLECTED UPON ARRIVAL TO CAMP. Please have it ready.

CAMPER / STAFF NAME: _____ DATE OF BIRTH: _____

DAILY TEMPERATURE CHECK

For 10 days prior to arrival at camp, campers and staff **must** record their temperature. Please check and record your temperature *at the same time each day* and record below.

DAY 10	DAY 9	DAY 8	DAY 7	DAY 6	DAY 5	DAY 4	DAY 3	DAY 2	DAY 1
DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DAY BEFORE CAMP
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE

COVID SYMPTOMS

- Fever (above 100.4 F)
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Put a check next to any symptoms experienced in the 10 days prior to camp.

If any apply, please email shelley@gwynnvalley.com to discuss prior to arrival.

The person named above has been symptom free for the 10 days prior to camp.

INITIAL
HERE

CONTACT HISTORY – Please circle YES or NO and initial

*YES / NO The above-named person has been exposed to someone with COVID-19 symptoms or anyone with a confirmed or suspected case of COVID-19 in the 10 days prior to camp.

***If yes**, please indicate whether the above-named person has been fully vaccinated **AND** is asymptomatic: YES / NO

YES / NO The above-named person has been diagnosed with COVID-19 in the 10 days prior to camp.

INITIAL
HERE

This signature indicates that I have filled out this form truthfully and to the best of my ability.

STAFF SIGNATURE:

(required if 18 years or above) _____ DATE: _____

PARENT / GUARDIAN SIGNATURE:

(required if camper/staff is under 18) _____ DATE: _____