

Programg'Zcf'A]bcfg Prescreening Health Form

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bx]WUY'JZ nci f' W]X\ Ug' UbmicZH Y'Z`ck]b['gna dlca g' df]cf'hc' h Y dfc[fUa 'UbX'fYwfX'U
 HYa dYfUhi fY' XU]m' Z Ubm hYa dYfUhi fY' cf' gna dlca g' UfY' dfYgYblZ d'YUgY' \ Uj Y' nci f' W]X'
 Yj Ui UHX'VmiU`jWbgYX'dfcj]XYf'UbX'Vt bUWih Y dfc[fUa 'ghUZZcf'Z fh Yf [i]XUbwY''

Gna dlca g'fGna dL'

- Fever or chills
- Cough
- Nasal congestion or runny nose
- New loss of taste or smell
- Sore throat
- Shortness of breath or difficulty breathing
- Diarrhea
- Nausea or vomiting
- Stomachache
- Tiredness
- Headache
- Muscle or body aches
- Poor appetite

Please initial:

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 10 days before the start of camp. Initial _____
2. No one in our household has been sick in the 10 days prior to camp. Initial _____
3. My child has not traveled by air or traveled out of state in the 10 days prior to camp. Initial _____
4. My child has adhered to our state's guideline regarding COVID19. Initial _____

Start date of temperature: _____	Day:	10	9	8	7	6
	Temp/ Symp:					
Start date of symptoms: _____	Day:	5	4	3	2	1
	Temp/Sy mp:					

Our signature indicates that we completed this health screening daily for 10 days prior to camp and to the best of our ability. We understand that arriving to the program healthy is vital to a healthy program for all campers.

Parent Signature: _____ Date: _____

Participant Signature: _____ Date: _____