

Camper Name: \_\_\_\_\_ Session: \_\_\_\_\_

## The Refuge's Pre-Camp Health Screening Protocol

In an effort to minimize illness at camp we ask that you **check on the health of your camper daily beginning 3 days prior to camp.** The best camp sessions start with healthy campers and this begins at home.

**Please bring this completed form to camp on opening day.**

**Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.**

### COVID Symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

### PLEASE INITIAL

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the last 14 days before the start of camp. **Initial:** \_\_\_\_\_
2. No one in our household has been sick in the 14 days prior to camp. **Initial:** \_\_\_\_\_
3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. **Initial:** \_\_\_\_\_
4. My child has adhered to our state's guidelines regarding COVID19. **Initial:** \_\_\_\_\_

DAYS PRIOR TO CAMP	3 days prior	2 days prior	1 day prior
<b>TEMPATURE or ANY SYMPTOMS</b>			

Our signature indicates that we completed this health screening daily for 3 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_