 Nausea Vomiting Diarrhea Start date of temperature/ symptom screening: Day: 7 6 5 4 3 2 1 	Camper Nan	ne:							>	
In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 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. Symptoms (symp): Cough Shortness of breath or difficulty breathing Fever Chills Muscle Pain Sore throat New loss of taste or smell Nausea Vomiting Diarrhea Day: 14 13 12 11 10 9 8 Start date of temperature/symptom screening: Day: 7 6 5 4 3 2 1	Session:						(FR	
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symp		Temp/ symp								
Our signature indicates that we completed this health screening daily for 14 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.	and to the bes	t of our abili	•	<u>-</u> '		_		•	-	
Parent Signature:Date:	_									

created by Eleanor Matthews, RN 2020