

Camper Name: _____

Camp Session: _____

	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		Day 8		Day 9		Day 10		CAMP DAY! :)	
Temperature																						
Screening Questions	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Has the camper been in contact with someone who has or is suspected to have COVID-19?																						
Has the Camper shown any signs of COVID-19?																						
<i>Fever or Chills</i>																						
<i>Cough</i>																						
<i>Shortness of Breath or Difficulty Breathing</i>																						
<i>Fatigue</i>																						
<i>Muscle or Body Aches</i>																						
<i>Headache</i>																						
<i>New Loss of Taste or Smell</i>																						
<i>Sore Throat</i>																						
<i>Congestion or Runny Nose</i>																						
<i>Nausea</i>																						
<i>Vomiting</i>																						
<i>Diarrhea</i>																						



Michiana
Christian Camp