

Outrageous Summer Camp Weekly Screening Questionnaire for COVID-19

FOR ALL STAFF, CHILDREN, PARENTS/GUARDIANS AND VISITORS: PLEASE DO NOT ENTER THE FACILITY WITHOUT ANSWERING THE FOLLOWING QUESTIONS. BRING ON YOUR CHILD'S FIRST DAY OF CAMP FOR THE WEEK.

Note: Children or staff who have been identified as having seasonal allergies or who suffer from chronic runny nose/nasal congestion are not required to be excluded.

Camper Name: _____

For parents/guardians: I, _____ (parent/guardian) am completing the screening questionnaire for the child described above.

1. Does your camper have:

A. any of the 2 following symptoms: fever or signs of fever, new cough or worsening chronic cough, runny nose, headache, sore throat, new onset of fatigue, new onset of muscle pain, diarrhea or loss of taste or smell? **Yes or No**
OR

B. if a child, purple fingers or toes even as the only symptom? **Yes or No**

If answered YES to either A or B, then you must stay home, contact your healthcare provider, and cannot return until fully recovered. If tested, the healthcare provider will inform the individual or parent (when the child is involved) when isolation may be lifted.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf>

2. If you have answered YES to any of the following below, then you must stay home and self-isolate for 14 days. If you develop symptoms, please refer to the self-assessment link on the CDC webpage. If you are a parent or caregiver of a child and have direct patient contact work, go to Question 3.

- a. Have you or anyone in your household had close contact (face to face contact within 6 ft) with a confirmed case of COVID-19 within the last 14 days? _____
- b. Have you been diagnosed with COVID-19 or are waiting to hear the results of a lab test for COVID-19? _____
- c. You may have been exposed to COVID-19 in the last 14 days? _____
- d. You have been told by public health that you may have been exposed to COVID-19? _____

3. If you have direct patient contact work (Health Care Provider) and have answered YES to any of the following below, then you and your child must stay home and self-isolate for 14 days. If you develop symptoms, please refer to the self-assessment link on the CDC webpage.

- a. Have you or anyone in your household had close contact (face to face contact within 6 ft) with a confirmed case of COVID-19 within the last 14 days, outside of the health care setting? _____
- b. You have been diagnosed with COVID-19 or are waiting to hear the results of a lab test for COVID-19? _____
- c. You may have been exposed to COVID-19 in the last 14 days, outside of the health care setting? _____
- d. You have been told by public health that you may have been exposed to COVID-19? _____
- e. Have you had close contact with an individual who is suspect of COVID-19 in the last 14 days while providing direct patient care and you were not wearing proper Personal Protective Equipment (PPE)? _____

As we know COVID-19 will be with us for the foreseeable future. No matter what procedures and protocols are put in place, there is no way to guarantee that COVID-19 will not enter camp. We will work with and follow the most current Maryland Department of Health, CDC, and federal guidelines.

I hereby acknowledge that I read and understand the points described above.

Parent/Guardian Signature: _____ Date: _____

Name of screener: _____ Date: _____ Temp: _____

https://phpa.health.maryland.gov/Documents/FAQ_covid19_stay_home_isolation_033120.pdf