

# Cedarbrook Camp Southern California's Summer 2021 Health Screen - Before Camp

**Please fill this out the day of the start of camp for each person who will be on the campsite (in cars included) and bring to camp with you.** The person who receives this paper in the parking lot will be masked.

This is being filled out for: **(Circle One)** Camper    Staff    Guardian  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (first day of camp)  
 Name of Camper/Staff/Guardian \_\_\_\_\_

**If this is for the camper, fill out the following:**

Completed by: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Camper: **(Circle One)** Mom Dad Grandparent Guardian

Other: \_\_\_\_\_

In the **last 14 days**, have you or your camper had any of the following symptoms that are not explained by an ongoing health condition such as allergies, menstruation, asthma, car ride, etc?

A fever 100.4 degrees or higher?	Yes	No
Shortness of breath (not including usual asthma)?	Yes	No
A cough?	Yes	No
A sore throat?	Yes	No
A headache?	Yes	No
Chills?	Yes	No
Muscle aches (not after exercise)?	Yes	No
New loss of taste or smell?	Yes	No
Nausea, Vomiting, Diarrhea?	Yes	No
Contact with someone with the above symptoms?	Yes	No
Contact with someone who had COVID-19?	Yes	No
Traveled by air or out of state?	Yes	No

## COVID Testing Permission:

If myself (staff) or my camper becomes symptomatic while at camp, I give my permission to the Nurse at Cedarbrook Camp Southern California to perform an on-site rapid COVID-19 nasal swab on \_\_\_\_\_ (name) to determine if COVID-19 is present and the ill person needs to return home. I will be notified of the test and the result.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_