



Camper Name: _____

Session: _____

Pre Camp Health Tracker

In an effort to reduce exposure and minimize illness at camp, we ask that you check on the health of your camper daily beginning 14 days prior to the scheduled camp session. The best camp sessions start with healthy participants 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 above 100.4°F or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Parents/Guardians Please Initial

_____ My child has not had a new fever of 100.4°F or higher, or a sense of having a fever.

_____ My child has not developed any of the listed symptoms on the right in the last 14 days that cannot be attributed to another health condition.

_____ My child has not traveled within an area identified as a COVID –19 “hot spot”

_____ My child has not been in contact with an individual who has been ill with respiratory complaints or fever, or I know has tested positive for COVID-19.

_____ My child has not been diagnosed with COVID-19.

Symptoms

- Cough
- Shortness of breath
- Difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New Loss of Taste or Smell
- Nausea
- Vomiting
- Diarrhea

Start Date of Temperature/Symptom

Screening: _____

Day :	14	13	12	11	10	9	8
Temperature:							
Symptoms: Y or N							
Day:	7	6	5	4	3	2	1
Temperature:							
Symptoms: Y or N							

My signature indicates that I have completed this health screening daily for 14 days prior to camp and to the best of our ability. I understand that arriving to camp healthy is vital to a healthy camp for all campers and failure to provide this document or complete the onsite screening may be grounds for dismissal.

Signature: _____ Date: _____