

Camper / Staff Name: _____

Date filled out: ____ / ____ / ____

Pre-Camp Health Screening Form

Please bring this completed form to camp on the first day of your event

Dear Campers,

In an effort to minimize illness at camp, we ask that you fill out this form and bring it with you on the first day of your event. This form is NOT to be filled out more than 24 hours prior to arriving at camp.

Symptoms – check if any:

- Above the normal temperature
- Cough
- Shortness of breath
- Difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- Loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please answer:

1. Has anyone in your household been in close contact with anyone who has tested positive for COVID 19 in the 14 days before the start of the camp. **Yes / No**
2. Has anyone in your household been sick in the 14 days before the start of the camp. **Yes / No**
3. Has anyone in your household traveled by air or traveled out of the state in the 14 days before to the start of the camp. **Yes / No**

We understand that arriving to camp healthy is vital to a healthy camp for all campers. If you answered “Yes” to any of the above, or if any symptoms (listed above) are or have been present in the last 10 days, please be evaluated by a licensed health provider and contact camp for further guidance before making decision to come to Camp Vista.

Camper/Staff Signature (Parents if under 18):

Date: