The safety of our campers and staff is our overriding priority. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure we are asking everyone to complete and submit this questionnaire on AUGUST 8th, the arrival day of camp.

|  |
| --- |
| Campers Name: |
| Contact phone number: |

|  |  |
| --- | --- |
| Questionnaire | |
| 1 | Are you currently experiencing, or have experienced in the past 7 days, any of the following symptoms? *(Please take your temperature before you answer these questions.)*  **Yes \_\_\_No \_\_\_ Fever (100.4 or greater)**  **Yes \_\_\_ No \_\_\_ Cough**  **Yes \_\_\_ No \_\_\_ Shortness of breath or difficulty breathing**  **Yes \_\_\_ No \_\_\_ Sore throat**  **Yes \_\_\_ No \_\_\_ New loss of taste or smell**  **Yes \_\_\_ No \_\_\_ Chills**  **Yes \_\_\_ No \_\_\_ Head or muscle aches**  **Yes \_\_\_ No \_\_\_ Nausea, diarrhea, vomiting** |
| 2 | Have you been tested for COVID-19 within the past 4 days prior to coming to camp?  Yes \_\_\_ No \_\_\_  Have you received a negative PCR COVID-19 test within the 4 days prior to coming to camp?  Yes \_\_\_ No \_\_  **Please provide proof of this negative test on arrival.** |
| 3 | Have you been vaccinated for COVID-19?  Yes \_\_\_ No \_\_\_  Please provide a copy of vaccination record when arriving at camp. |
| 4 | Have you ever tested positive for COVID-19? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes \_\_\_ No \_\_\_ |
| 5 | In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?  Yes \_\_\_ No \_\_\_ |
| 6 | In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?  Yes\_\_\_ No \_\_\_ |