



REQUIRED SCREENING QUESTIONNAIRE FOR 2022 CAMP ARRIVAL ON AUG. 7th

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 7th, 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? <i>(Please take your temperature before you answer these questions.)</i> 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 ___

Parental Signature: _____ Date: _____