

## Camp Daggett Pre-Screen Form

CAMPER NAME: \_\_\_\_\_

CAMPER AGE: \_\_\_\_\_

Pre-Screen Starting Date: \_\_\_\_\_ Pre-Screen Ending Date: \_\_\_\_\_

Day	Temperature*	Sore Throat	Cough	Difficulty Breathing	Diarrhea or vomiting	Severe Headache
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

***\*Please list actual temperature value taken each day.***

***\*\* Mark all other categories with an X for yes and leave blank for no.***

***Bring a copy of this pre-screening with you to your camper's registration date.***

Parent Signature: \_\_\_\_\_