



2022 PRE-ARRIVAL HEALTH SCREENING

Participant Name: _____ Session _____

The best camp sessions start with healthy campers and this starts at home. To minimize illness at camp, please track your camper's health 7 days prior to their arrival. Please bring this completed form with you on check-in day. Partner with us for a successful, healthy summer!

Review and initial the following statements:

1. We have not been around anyone with the listed symptoms or a COVID-19 diagnosis in the 7 days before the start of camp session. **INITIAL** _____
2. We have adhered to the Camp Daggett protocols related to COVID-19 as provided via email and on the website, including not participating in any "moderate to high risk" activities within 7 days of arrival. **INITIAL** _____

Please indicate if the participant has had any of the following symptoms prior to camp or an elevated temperature daily. If an elevated temperature or symptoms are present, please see a licensed provider and contact camp for further guidance. **DO NOT COME TO CAMP IF YOU SUSPECT YOUR CAMPER HAS COVID-19 OR ANOTHER ILLNESS.**

Symptoms of COVID-19 or other illness:

- Cough, Shortness of Breath, or Difficulty Breathing
- Fever (**100.4 or higher**), Chills, Muscle Pain, or Sore Throat
- New loss of taste or smell
- Nausea, Vomiting, or Diarrhea

Circle Yes –or– No for an elevated temperature and any symptoms on the chart below

Day 7 <i>Sunday</i>	Day 6 <i>Monday</i>	Day 5 <i>Tuesday</i>	Day 4 <i>Wednes</i>	Day 3 <i>Thursday</i>	Day 2 <i>Friday</i>	Day 1 <i>Saturday</i>
Temp: Y/N Symp: Y/N	Temp: Y/N Symp: Y/N	Temp: Y/N Symp: Y/N	Temp: Y/N Symp: Y/N	Temp: Y/N Symp: Y/N	Temp: Y/N Symp: Y/N	Temp: Y/N Symp: Y/N

Signing below indicates completion of the daily screening 7 days before arrival and understanding that arriving to camp healthy is a vital to a successful week at camp.

Parent Signature: _____ Date: _____

OFFICE USE ONLY	Temperature on Arrival: _____	Symptoms: Yes // No _____
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