



COVID-19 SCREENING FOR STAFF & CAMPERS

(ONE FORM PER PERSON) – If you have been vaccinated, have had a confirmed COVID-19 case in the past 3 months, or have had a negative COVID-19 test in the past 72 hours, there is no need to record temps but please complete the rest of this form and sign below. (The three exceptions must have written documentation attached)

NAME: _____

DATE ATTENDING CAMP: _____

In the past 14 days, has the above-named experienced any of the following symptoms?

Y or N 1. FEVER (100.4°F or higher)

Y or N 2. COUGH

Y or N 3. SHORTNESS OF BREATH

Y or N 4. FATIGUE

Y or N 5. HEADACHE

Y or N 6. SORE THROAT

Y or N 7. MUSCLE ACHES

Y or N 8. LOSS OF TASTE OR SMELL

Y or N 9. NAUSEA, VOMITING or DIARRHEA

Y or N 10. EXPOSED TO ANYONE DIAGNOSED, TESTED POSITIVE OR QUARANTINED FOR COVID-19

Y or N 11. TRAVELLED OUTSIDE OF YOUR HOME AREA IN THE PAST 14 DAYS

Y or N HAVE YOU HAD COVID (IF YES, WHEN _____)

Y or N HAVE YOU BEEN VACCINATED (IF YES, WHEN _____)

IF YES WAS CIRCLED ON ANY 1-11 SYMPTOMS, PLEASE SHARE DETAILS BELOW:

**IF YOU HAVE EXPERIENCE ANY OF THE ABOVE SYMPTOMS IN THE LAST 14 DAYS, PLEASE CALL CAMP AT (719)687-2030 BEFORE COMING.

Temperature for 14 Days:

Date _____ Temp _____

Date _____ Temp _____

Date _____ Temp _____

Date _____ Temp _____

Date _____ Temp _____

Date _____ Temp _____

Date _____ Temp _____

Date _____ Temp _____

Date _____ Temp _____

Date _____ Temp _____

Date _____ Temp _____

Date _____ Temp _____

Date _____ Temp _____

Date _____ Temp _____

I attest that the above information is accurate to the best of my knowledge.

Adult or Parent/Guardian Signature

Date

NOTE: This form must be completed 14 days prior to arrival at Camp for all staff and campers.

Temperature must be below 100.4° for 72 hours prior to arrival at Camp, without the use of fever reducing medications such as Ibuprofen or Acetaminophen. Please print out this form and bring it with you to Camp upon arrival. This form is a required part of our health screening. Please use a separate form for each individual within the same household.