

Health Screening Form

Required by the State of California for any trips to Rock-N-Water that are 4 nights or longer.

Participant's Name: _____ Parent/Guardian's Phone: ____-____-____

Participant's Gender: _____ Birthdate: _____ Age: _____ (Phone only needed if a minor)

Church/School you are with _____ Arriving ____/____/____

Please indicate if you have any of the following recently, and if so, describe as needed.

Illness

- | | | |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Open Sores | <input type="checkbox"/> Cough not related to asthma | <input type="checkbox"/> Pink Eye |
| <input type="checkbox"/> Other: _____ | | |

Please describe any potential illness checked above: _____

Injuries

- | | | |
|--|---|---|
| <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Sprains | <input type="checkbox"/> Old Knee Injuries |
| <input type="checkbox"/> Back Injuries | <input type="checkbox"/> Recent Head Injuries | <input type="checkbox"/> Wounds with Stitches/Staples |
| <input type="checkbox"/> Other: _____ | | |

Please describe any injuries checked above: _____

Communicable Diseases

- | | | |
|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Active Tuberculosis (on meds) <input type="checkbox"/> Inactive TB (Neg Chest X-Ray) <input type="checkbox"/> Other: _____ | | |

Please describe any potential communicable diseases checked above: _____

All above information will be kept confidential and only shared with Rock-N-Water staff or your church/school counselor, in order to provide adequate health care for participants. Thank you.

Rock-N-Water Health Screener Only

Any noted conditions:

SIGNATURE OF HEALTH SCREENER:

Rock-N-Water Health Supervisor or Health Staff after assessing the participant.

____/____/____
Date (Month/Day/Year)