

# COVID-19 Screening Form | Blue Grass Christian Camp

To be completed the day of scheduled visit and turned into camp staff upon arrival at Blue Grass Christian Camp and prior to camper exiting vehicle. *Please note, parents and guardians dropping off and picking up children from any Blue Grass Christian Camp activity are expected to remain inside vehicle at all times.*

Date of visit to Blue Grass Christian Camp: \_\_\_\_\_

Name of camper: \_\_\_\_\_

Temperature: \_\_\_\_\_  
To be completed by BGCC staff

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## Circle YES or NO to the following questions for the camper attending a camp session at Blue Grass Christian Camp.

1. Have you traveled outside the country or been in close contact with anyone who has traveled outside the country within the last 14 days? **YES or NO**
2. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? **YES or NO**
3. Have you visited any region of the United States considered a "COVID-19 hotspot" (Texas, Arizona, Myrtle Beach, Jacksonville, Orlando, South Florida, etc.) or been asked to self-quarantine within the last 14 days? **YES or NO**
4. Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)? **YES or NO**
5. Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders? **YES or NO**
6. Have you experienced recent loss of taste or smell? **YES or NO**

Print Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: Please print out and sign form prior to your visit to BGCC.  
Please fill out separate form for each participant**