

## Camp Pre-Screen Form

Participant Name: \_\_\_\_\_

Camp: \_\_\_\_\_

	Thurs	Fri	Sat	Sun
Are you experiencing NEW, ACUTE symptoms, not common for you, of the following nature: a) Onset of fever; b) shortness of breath; c) sore throat; d) unusual fatigue; e) cough; f) body aches; g) nasal, throat or lung congestion?				
Have you, in the last week, been in close (less than 6 feet), prolonged contact (more than 2-3 minutes) with someone with suspected or confirmed COVID-19 without using infection protection or control precautions?				
Temperature Screening: Is your temperature less than 100.4 degrees?				

I acknowledge that all the information and answers to these questions is correct to the best of my knowledge. I understand that any misrepresentation or omission of any facts called for in this form may disqualify the participant listed above from attending camp.

Signature: \_\_\_\_\_  
(If under 18, parental signature required)

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

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