



# Pre-Arrival Camp Health Screening

Name, Guardian 1 : \_\_\_\_\_ Program Dates: \_\_\_\_\_

Dear Campers and Families:

In an effort to minimize illness at Sugar Creek, particularly as it relates to COVID-19, we ask that you check on your household members' health daily beginning *14 days prior* to your arrival at camp. *Please bring this completed form to camp on check-in day.*

**It is crucial to screen the health of your family prior to coming to Sugar Creek. If anyone has had a temperature at or above 100.4° F or if any other of the following symptoms are present, the individual must be evaluated by a licensed medical provider. Contact camp for further guidance.**

## Symptoms:

- ◆ *Cough*
- ◆ *Shortness of breath or difficulty breathing*
- ◆ *Fever*
- ◆ *Chills*
- ◆ *Muscle Pain*
- ◆ *Sore Throat*
- ◆ *New loss of taste or smell*
- ◆ *Nausea or Vomiting*
- ◆ *Diarrhea*

## PLEASE INITIAL

1. No one in our household has been in the proximity of anyone with any of these symptoms or with a diagnosis of COVID-19 in the 14 days before the start of camp.  
*Initial* \_\_\_\_\_
2. No one in our household has been sick or had a fever *at or above* 100.4° F in any of the 14 days prior to camp.  
*Initial* \_\_\_\_\_
3. No one in our household has traveled by air, bus or train in the 14 days prior to camp.  
*Initial* \_\_\_\_\_
4. All participants in our household, and everyone who lives in our home(s) have avoided the risks of COVID-19 by following, without exception, our state's guidelines regarding COVID-19 for the two weeks prior to camp, including: maintaining physical distancing of at least 6 feet from non-household members, avoidance of all large group gatherings, use of a face mask and PPE while at a store or public place, etc.  
*Initial* \_\_\_\_\_

*My/our signature(s) indicate I/we completed this health screening daily and to the best of our ability. We understand arriving to camp healthy is vital to the health and safety of our fellow participants.*

Signature, Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature, Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_