

10 Day Self Health Assessment

To ensure the safety of all campers for the summer of 2021 we are asking that campers participate in a Mandatory 10 Day Self Health Assessment prior to coming to camp (ending the day before Check-In). Campers will not be permitted to stay for camp without a completed 10-day Self Health Assessment. To help with the new Check-In processes, we are also asking that parents check their children for head lice and sign the form that their child has been checked and head lice free before check in. Thank you for your help and participation.

Name of Camper:

Age:

Camp:

Session Attending:

Place a check mark in the corresponding date that you have experienced any of the below (new) symptoms in the past 10 days: loss of smell, loss of taste, fever, fatigue, headache, diarrhea, nausea, congestion, none of the above										
	1	2	3	4	5	6	7	8	9	10
Date:										
Cough, sore throat, congestion, or runny nose that you cannot attribute to another health condition										
New Lost of Taste or Sense of Smell										
Fever or chills (100.4 ^{oF} or higher)										
Fatigue that you cannot attribute to another health condition										
New shortness of breath or difficulty breathing										
Headache that you cannot attribute to another health condition										
Nausea, vomiting, or diarrhea										
Muscle aches that you cannot attribute to another health condition or specific activity (such as physical exercise)										
Temperature & Time Taken										

Indicate Y/N in box. In the past 10 days, have you been in contact with an individual who has been ill with respiratory complaints or fever, or who is known to have tested positive for COVID-19?

Indicate Y/N in box. In the past 30 days have you have you tested positive for COVID-19? If so, what was the date on which you were notified that you were no longer contagious with COVID-19? Documentation will be required.

To prevent close contact between campers and staff we will not be doing lice checks at check-in. Please check your camper's hair for head lice and nits before arriving at camp. Indicate Y/N if nits were found in your camper's hair?

Parent Signature: _____ Date: _____