



In an effort to identify and minimize illness on campgrounds we ask that the head of household (parent or guardian) provide the information below for the entire family attending camp and/or for someone arriving later.

Please print the full name of each family member. Check Yes or No for each family member attending.

**“In the last 14-days have you experienced?”**

<u>Arrival Date</u>	<u>temperature of 100 degrees or more</u>	<u>shortness of breath or a cough?</u>	<u>had contact with a person diagnosed with COVID 19?</u>
_____			
_____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
_____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
_____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
_____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
_____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
_____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
_____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
_____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
_____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

I affirm to the best of my knowledge the above information is correct. I (we) shall notify the camp if anyone in our family becomes sick or feverish.

Adult Signatures	Relationship	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
Camp Staff _____		_____