CHECK-IN FORM 2023 CAMPER HEALTH SCREENING



Camper First Name:			Camper Last Name:				Week: _	Week:		
ort to mir	nimize illness at ca	amp, we ask that a	all campers fam			•				
heir temp n day or 2	erature starting 7 4-hours prior to n	days prior to cam otify us. For symp	p. List sympton toms within a fe	ns on the da	ay they	occurred. We a	sk for campers w	ho feel sick on		
Yes No Has the camper e Cough Chills		experienced any of the following s Difficulty breathing Diarrhea		symptoms during the Shortness of breath Sore throat		e 7 days prior to arrival? Muscle pain Nausea or vomiting		New loss of taste or smell		
ntil Camp	7	6	5	4		3	2	1		
erature										
No No No No No No	Has the camper been sick within the last 14 days"? Has the camper been exposed to any contagious illnesses within the last 14 days? Does the camper have any mental health/emotional concerns? Does the camper have any visible signs of injury (cuts, bruises, etc.) or any rashes or itches? Has the camper had any change in health or immunization status since the online Health History was last updated or completed? Is the camper allergic to foods, medicines, or insect stings/bites? (If yes, list reactions and severity on back of this page) Does the camper have a cell phone, cameras, GoPros, disposable cameras, food products, vape pens, alcohol, illegal drugs or weapons in their possession or luggage? (Not allowed – parents, please take home) Does the camper have any prescription or over-the-counter medications/vitamins/supplements in their luggage? You need medicines available at check-in with signed medication form.									
their orionents	ginal container(s) to be kept in lugg	for administration gage or with the ca	as indicated on mper with the e	the Medica exception of	ation A	dministration For ens and rescue in	rm. No medicatio nhalers, which m	ns, vitamins, or ust be cleared by		
hat the in	formation I have	provided on this cl	heck-in form is	accurate ar	nd truth	nful.				
Parent/Legal Guardian Signature:				Date:			Date:			
		lame:					_			
Temperature Check			sual Check			Don Le	Don Lee Staff Signature			
	Screer fort to mire ession state chart be heir temper day or 2 dependent of the control of the c	Screening: 7- Day System to minimize illness at classion starts with healthy of the chart below, please indiction in their temperature starting 7 in day or 24-hours prior to minimize illness at the camper example. No Has the camper example in the camper of the camper in the camper of the camper of the camper of the camper of the camper illness in the camper in the camper in the camper of th	Screening: 7- Day Symptoms Historical fort to minimize illness at camp, we ask that a desion starts with healthy campers, and this best on the chart below, please indicate if your camper their temperature starting 7 days prior to came had your 24-hours prior to notify us. For symptom provider and contact camp for further guidate the provider and contact camp for further guidate. No Has the camper experienced any of Cough Difficulty breathing Diarrheator Dia	Screening: 7- Day Symptoms History fort to minimize illness at camp, we ask that all campers fam ression starts with healthy campers, and this begins at home re chart below, please indicate if your camper has experience re chart below, please indicate if your camper has experience re chart below, please indicate if your camper has experience re chart below, please indicate if your camper has experience re chart below, please indicate if your camper has experience re chart below, please indicate if your camper. List symptom re day or 24-hours prior to notify us. For symptoms within a fe re provider and contact camp for further guidance. No Has the camper experienced any of the following sy Cough Chills Difficulty Chills Diarrhea Intil Camp The feet following sy Cough Cough Difficulty Diarrhea Screening: Check-In Day Questions Cough Diarrhea Intil Camp The Screening T	Screening: 7- Day Symptoms History fort to minimize illness at camp, we ask that all campers families track to assion starts with healthy campers, and this begins at home. Please brith the chart below, please indicate if your camper has experienced any of their temperature starting 7 days prior to camp. List symptoms on the day of all yor 24-hours prior to notify us. For symptoms within a few days of a provider and contact camp for further guidance. No Has the camper experienced any of the following symptoms due to cough Difficulty Shortness breath Diarrhea Sore through Diarrhea Sore th	Screening: 7- Day Symptoms History for to minimize illness at camp, we ask that all campers families track their calession starts with healthy campers, and this begins at home. Please bring this are chart below, please indicate if your camper has experienced any of the following their temperature starting 7 days prior to camp. List symptoms on the day they at day or 24-hours prior to notify us. For symptoms within a few days of check-it provider and contact camp for further guidance. No Has the camper experienced any of the following symptoms during the Cough Difficulty Shortness of breath Diarrhea Sore throat Intil Camp 7 6 5 4 Screening: Check-In Day Questions Completed on your camper's check-in day. Explain any "Yes" responses on the stream of the camper been sick within the last 14 days." No Has the camper been exposed to any contagious illnesses within it no Does the camper have any visible signs of injury (cuts, bruises, etc.) No Boes the camper had any change in health or immunization status is completed? No Is the camper allergic to foods, medicines, or insect stings/bites? (I page) No Does the camper have a cell phone, cameras, GoPros, disposable illegal drugs or weapons in their possession or lugage? (Not allow Does the camper have any prescription or over-the-counter medications available at check-in with signed medication form. It their original container(s) for administration as indicated on the Medication A tents are to be kept in luggage or with the camper with the exception of EpiPel Ithcare Team and checked in with the nurse or physician at drop off, and then that the information I have provided on this check-in form is accurate and truth Legal Guardian Signature: Legal Guardian Printed Name: Legal Guardian Printed Name: Legal Guardian Printed Name:	Screening: 7- Day Symptoms History fort to minimize illness at camp, we ask that all campers families track their camper's health 7 assion starts with healthy campers, and this begins at home. Please bring this completed form the chart below, please indicate if your camper has experienced any of the following symptoms heir temperature starting 7 days prior to camp. List symptoms on the day they occurred. We a had yo r 24-hours prior to notify us. For symptoms within a few days of check-in, please have y it provider and contact camp for further guidance. No Has the camper experienced any of the following symptoms during the 7 days prior to Cough Chills Diarrhea Shortness of Muss breathing Diarrhea Sore throat Sore t	Screening: 7- Day Symptoms History for to minimize illness at camp, we ask that all campers families track their camper's health 7 days prior to armisesion starts with healthy campers, and this begins at home. Please bring this completed form to camp on check the chart below, please indicate if your camper has experienced any of the following symptoms of communicable heir temperature starting 7 days prior to camp. List symptoms on the day they occurred. We ask for campers we day or 24-hours prior to notify us. For symptoms within a few days of check-in, please have your camper eval a provider and contact camp for further guidance. No Has the camper experienced any of the following symptoms during the 7 days prior to arrival? Cough Difficulty Shortness of Muscle pain Neusee are cough Difficulty Chills breathing breath Nausea or vomiting Diarrhea Sore throat vomiting The string of the		