



CAMP HEALTH SCREEN FORM

PARTICIPANT NAME: _____ DATE: _____

Please check one as applicable:

- Camper
- Volunteer/Staff

ACTIVITY/AREA VISITING: **GEORGIA DISTRICT CAMPGROUND**

We are committed to providing a safe and healthy ministry and event for all volunteers, children, participants, and visitors. Please fully complete this form prior to or upon arrival.

Carefully consider how you have been feeling. If completing this form for a child, indicate Yes or No on behalf of the child. In the past 14 days, have you or your child, as applicable, experienced any of the following symptoms?

	Yes	No		Yes	No
Cough or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Unexplained fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Fever of 100.4°F or higher	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting or nausea	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>			

I understand that I must consent to have my temperature checked upon registration and periodically at camp as well if deemed necessary.

Carefully read each question below. If completing this form on behalf of a child, please indicate Yes or No on behalf of the child. In the past 14 days:

	Yes	No
Have you tested positive for an infectious disease or a virus?	<input type="checkbox"/>	<input type="checkbox"/>
Are you waiting on a test result for an infectious disease or a virus?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in close proximity for 15 minutes or more to anyone who tested positive for, or has symptoms consistent with, an infectious disease or virus?	<input type="checkbox"/>	<input type="checkbox"/>

Answering “Yes” to any question may mean you (or your minor child) will not be permitted to enter into the property of the Georgia District Campground and/or engage in the camp listed above. You (or your minor child) may be advised to return when feeling better or required to obtain a medical evaluation and/or approval from a medical provider before being granted access to the premises or being permitted to participate in any camp activity.

I CERTIFY THAT I HAVE ANSWERED ALL QUESTIONS HONESTLY AND TO THE BEST OF MY ABILITY.

PARTICIPANT NAME: _____ PHONE: _____

NAME OF PARENT/GUARDIAN (if participant is a minor): _____

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE: _____

PARTICIPANT’S TEMPERATURE TODAY: _____ TIME: _____ DATE: _____