

Camper Name: \_\_\_\_\_

Session: \_\_\_\_\_



## Camp Newaygo Pre-Camp Health Screening

Dear Camp Families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on check-in day to partner with us for success this summer.

**Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.**

**COVID-19 Symptoms:**

- Cough
- Shortness of breath or difficulty breathing
- Fever (100.4 or higher)
- Chills
- Muscle Pain
- Sore Throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial:

**1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before the start of camp.**

Initial \_\_\_\_\_

**2. No one in our household has been sick in the last 14 days prior to camp.**

Initial \_\_\_\_\_

**3. My child has not traveled by air or public transit to arrive at camp and has limited interactions outside of the immediate household in the last 14 days prior to camp.** Initial \_\_\_\_\_

**4. My child has adhered to our state's guidelines regarding COVID-19.**

Initial \_\_\_\_\_

**5. My child has completed a COVID-19 PCR Nasal Swab within 10 days of check in at Camp Newaygo and the negative results have been provided to camp staff.** Initial \_\_\_\_\_

Start date of temperature/ & symptom screening:  
\_\_\_\_\_

Day:	14	13	12	11	10	9	8
Temp (write) Symptom (please circle Yes or No)	Temp: _____ Symp Y/N	Temp: _____ Symp Y/N	Temp: _____ Symp Y/N	Temp: _____ Symp Y/N	Temp: _____ Symp Y/N	Temp: _____ Symp Y/N	Temp: _____ Symp Y/N
Day:	7	6	5	4	3	2	1
Temp (write) Symptom (please circle Yes or No)	Temp: _____ Symp Y/N	Temp: _____ Symp Y/N	Temp: _____ Symp Y/N	Temp: _____ Symp Y/N	Temp: _____ Symp Y/N	Temp: _____ Symp Y/N	Temp: _____ Symp Y/N

*Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*A Printed copy of this completed form is required at Check-In\***