

Participant Name: _____



Girlfriend's Get-a-Way Pre-Camp Health Screening

Dear Participants,

In an effort to minimize illness at camp we ask that you check on your health daily beginning 7 days prior to camp. The best camp programs start with healthy participants and this begins at home. Please bring this completed form to camp on check-in day to partner with us for success.

Please indicate if you have had any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please consult 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. I have not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before the start of Girlfriend's Get-a-Way
Initial _____
2. No one in our household has been sick in the last 14 days prior to camp.
Initial _____
3. I will arrive at Camp without using public transit, and I have minimized travel and social interactions 14 days prior to the session
Initial _____
4. We have adhered to the Michigan guidelines regarding COVID-19.
Initial _____

Start date of temperature/ & symptom screening:

Temperature & Symptom Screening							
Day Leading To Camp:	7	6	5	4	3	2	1
Temp (write)	Temp:	Temp:	Temp:	Temp:	Temp:	Temp:	Temp:
Symptom (please circle Yes or No)	Symp Y/N	Symp Y/N	Symp Y/N	Symp Y/N	Symp Y/N	Symp Y/N	Symp Y/N

My signature indicates that I completed this health screening daily for 7 days prior to camp and to the best of my ability. I understand that arriving to camp healthy is vital to a healthy camp for all participants

Parent Signature: _____ Date: _____

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