

Camper Name: _____

Camp Start Day: _06_/_05_/2022

Pre-Camp Health Screening

Please bring this completed form to camp on opening day

Dear Camp Families,

In an effort to minimize illness at camp, we ask that you check on the health of your camper daily. The best camp sessions start with healthy campers and this begins at home.

Please indicate if your camper has any of the following symptoms prior arriving at camp. If any of the symptoms (below) are present, please have your camper evaluated by a licensed health provider and contact our camp for further guidance before making decision to come to Camp Vista.

Symptoms – check if any:

- ☐ Above the normal temperature
- ☐ Cough
- ☐ Shortness of breath
- ☐ Difficulty breathing
- ☐ Fever
- ☐ Chills
- ☐ Muscle pain
- ☐ Sore throat
- ☐ 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 COVID19 in the 14 days before the start of camp. **Initial** _____
2. No one in our household has been sick in the 14 days prior to camp. **Initial** _____
3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. **Initial** _____

Our signatures indicate that our answers are correct.

We understand that arriving to camp healthy is vital to a healthy camp for all campers

Parent/Guardian Signature: _____ Date: ____/____/2022