

PRE-CAMP HEALTH SCREENING FORM

Thank you so much for working with us to make our camps a safe environment and others to have fun and meet God! This form should be completed prior to arrival to camp and submitted during check-in before your camper enters the property.

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CAMPER NAME:							
PARENT/GUARDIAN NAME:							
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TEMPERATURE	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
CHECKS							
IN OUR PARTNERSHIP TOGETHER TO PREVENT THE SPREAD OF THIS VIRUS, WE ARE REQUIRING CAMPERS TO DOCUMENT THEIR TEMPERATURES DAILY FOR 7 DAYS PRIOR TO CAMP. PLEASE FILL IN THE SPACES BELOW FOR EACH DAY.	TEMP	TEMP	TEMP	TEMP	TEMP	TEMP	TEMP
	I/MY CHILD HAS BEEN FEVER FREE FOR THE PAST 7 DAYS.						
	INITIAL HERE						
SYMPTOMS IN THE LAST TWO WEEKS	□Cough □Muscle □Diarrhea □Nausea	Aches a or Vomiting	□Fever (>100° □Shortness of □Headache	 Chills Sore Throat New Loss of Taste or Smell Congestion or Runny Nose 			
If any apply, please call 979-661-0543 or email steve@swcm.org before arrival.							
I/MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 14 DAYS.							
INITIAL HERE							
PRE- EXISTING ILLNESSES	Check all that apply to you/your camper: Cardiovascular Disease Respiratory Disease (including Asthma) Diabetes Immunocompromised *Please Note: Individuals with pre-existing conditions such as cardiovascular disease, respiratory disease (including asthma), diabetes, and immunodeficiencies are at an increased risk of severe illness if COVID-19 is contracted. By signing below, you are acknowledging that you understand that pre-existing illness increases the implied risk of COVID-19.						
I UNDERSTAND THE INCREASED RISK WITH PRE-EXISTING ILLNESSES.							
INITIAL HERE							
CONTACT HISTORY	 Have you/your camper been diagnosed with COVID-19 or a related illness? Y N If yes, when: Have you/your camper been exposed to someone diagnosed with or suspected of having COVID-19? Y N If yes, when: 						
3. Have you/your camper been vaccinated? Y N If yes, when: If any apply, please call 979-661-0543 or email steve@swcm.org before arrival.							
The health and safety of our campe	rs is our hiahest priori	ty. In light of the COV	'ID-19 pandemic. we a	re focused on taking a	all reasonable measur	es to prevent the spre	ad of COVID-19 at

camp and ask you do your part in completing the pre-camp health check. We have strengthened our standard cleaning procedures, while adding increased frequency measures for things such as wiping down common touch points, dining areas, and activity equipment. Additionally, we have taken measures to monitor and address symptomatic campers with daily temperature checks and health screenings of all campers and staff.

PARENT/GUARDIAN SIGNATURE

