

DAY OF ARRIVAL TO CAMP PRE-SCREENING ASSESSMENT

Please read carefully and check the appropriate answer. Has the camper in the last 14 days: (This is to be completed the day of arrival before traveling to camp).

Been diagnosed with, or quarantined in relation to, COVID-19 or living in the same household as a person with symptomatic laboratory-confirmed COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable
Experienced, or been around anyone experiencing, any symptoms of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Had any reason to believe you currently have COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Traveled to/from CDC countries with widespread ongoing transmission with travel restrictions (Levels 3 or 4 as defined by the CDC)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other states or counties you have traveled in the past 14 days? (List)	

If you answer **yes** to any of these questions, or record a temperature of 100.4 or greater, please call the number below for further guidance before departing to camp or boarding a camp bus. You must have proof of vaccination or a negative COVID-19 PCR completed in the last 72 hours at arrival to camp or before boarding the bus to camp.

Courtney Danis, Executive Director – 651-636-1645

Your signature indicates that you have completed this health screening 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 experience for all campers, staff and the community.

Parent Signature: _____ Date: _____