

2021 Camp Until a Cure
Camper Screening Log



Camper's Name: _____

Daily Temperature Check

Please record your camper's temperature for the 10 days prior to arrival at camp. Temperature should be taken at same time each day.

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10

My child has been fever free for the past 10 days (initial) _____

Has your camper experienced any of these symptoms in the last 2 weeks?

Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Body Aches | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Persistent Headache | <input type="checkbox"/> Change in Taste or Smell |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Change in Appetite |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Generally Not Feeling Well |
| <input type="checkbox"/> Cough | |

If you checked any of the above symptoms, please explain: -

By signing below, I verify that:

- My camper has not been diagnosed with Covid-19 in the last 14 days
- My camper has not come in close contact with someone exposed to or infected with Covid-19 in the last 14 days
- All information on this form is accurate and truthful.

Parent/Guardian Signature

Date

Parent/Guardian Name Printed

Relationship to Camper