



# Camp New Journey PRE-CAMP HEALTH SCREENING

In an effort to minimize illness at Camp New Journey, we ask that your health status beginning 7 days prior to camp. The best camp sessions start with healthy participants and this begins at home. Please bring this completed form to camp on your first day of arrival.

PARTICIPANT NAME: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## DAILY TEMPERATURE CHECK

Please record your camper and/or your temperature for seven days prior to their/your arrival at camp. We suggest that you record their/your temperature at the same time each day.

DAY ONE	DAY TWO	DAY THREE	DAY FOUR	DAY FIVE	DAY SIX	DAY SEVEN

I/MY CAMPER HAS BEEN FEVER FREE FOR THE PAST SEVEN DAYS: \_\_\_\_\_ *(please initial)*

### CONTACT HISTORY — Check any that apply:

- The individual has been diagnosed with COVID-19
- The individual has a close contact that has been in contact with someone exposed to or infected with COVID-19 in the last 14 days. (\*Not applicable to health care workers/professionals)
- The individual has a household member currently on a watch list for COVID-19 exposure.

*If any above apply to you or your Scout, you/they may not attend camp*

I VERIFY THAT I HAVE ANSWERED ALL QUESTIONS TRUTHFULLY: \_\_\_\_\_ *(please initial)*



**SYMPTOMS IN THE LAST TWO WEEKS:** Check any that apply:

- |                                              |                                   |                                                      |
|----------------------------------------------|-----------------------------------|------------------------------------------------------|
| <input type="checkbox"/> DIARRHEA            | <input type="checkbox"/> FEVER    | <input type="checkbox"/> CHANGE IN TASTE OR SMELL    |
| <input type="checkbox"/> BODY ACHES          | <input type="checkbox"/> COUGH    | <input type="checkbox"/> CHANGE IN APPETITE          |
| <input type="checkbox"/> PERSISTENT HEADACHE | <input type="checkbox"/> CHILLS   | <input type="checkbox"/> GENERALLY, NOT FEELING WELL |
| <input type="checkbox"/> SORE THROAT         | <input type="checkbox"/> VOMITING |                                                      |

*If any above apply to you or your Scout, you/they may not attend camp.*

**I/MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 14 DAYS:** \_\_\_\_\_ *(please initial)*

**PRE-EXISTING ILLNESSES**

Check any that apply:

- |                                                  |                                                                  |
|--------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> DIABETES                | <input type="checkbox"/> CARDIOVASCULAR DISEASE                  |
| <input type="checkbox"/> IMMUNOCOMPROMISED       | <input type="checkbox"/> WEAKENED IMMUNE SYSTEM                  |
| <input type="checkbox"/> CANCER                  | <input type="checkbox"/> HEART DISEASE                           |
| <input type="checkbox"/> BLOOD DISORDERS         | <input type="checkbox"/> CHRONIC PULMONARY PROBLEMS              |
| <input type="checkbox"/> KIDNEY OR LIVER DISEASE | <input type="checkbox"/> RESPIRATORY DISEASE including<br>ASTHMA |

Individuals with pre-existing conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. I understand that my/my child's pre-existing illness increases the implied risk of COVID-19.

**I UNDERSTAND THE IMPLIED RISK OF PRE-EXISTING ILLNESSES:** \_\_\_\_\_ *(please initial)*

This situation continues to change daily, and as such, we will adapt and adjust our protocols and procedures as we continue to consult with and incorporate guidelines from federal, state, and local health officials in our efforts to help keep our guest, staff, and families safe. Ultimately, the choice for you/ your child to attend summer camp is a personal one, and you are in control. If you are uncomfortable with the risks of COVID-19 in a summer camp setting, we have several options available, including a full refund or hold your deposit for next summer.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

*My signatures indicate 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.*