

Camp Hope COVID-19 Daily Health Check

The form is to be completed by the parent/caregiver prior to arrival at camp and be provided to the camp staff during transportation drop off each day.

Camper Name: _____ **Date:** _____

Information completed by: _____

Relation to camper: _____

Questions:

Has your camper exhibited any of the following symptoms in the past 24 - 48 hours:

- | | | |
|------------------------------|----------|-----------|
| • Cough | NO _____ | YES _____ |
| • Shortness of breath | NO _____ | YES _____ |
| • Vomiting or diarrhea | NO _____ | YES _____ |
| • Fever greater than 100.4 | NO _____ | YES _____ |
| • Fatigue | NO _____ | YES _____ |
| • Muscle or body aches | NO _____ | YES _____ |
| • Headache | NO _____ | YES _____ |
| • New loss of smell or taste | NO _____ | YES _____ |
| • Sore throat | NO _____ | YES _____ |
| • Congestion/runny nose | NO _____ | YES _____ |

To Be Completed by the Camp Hope staff at drop off:

Temperature of camper: _____ Time taken: _____

Health Form Review and Temperature Check Completed by: _____