



Pre-Arrival Camp Health Screening

Camper Name : _____ Program Dates: _____

Dear Campers and Families:

In an effort to minimize illness at Luther Park particularly as it relates to COVID-19, we ask that you check on your household members' health daily beginning *14 days prior* to your arrival at camp. *Please bring this completed form to camp on check-in day.*

It is crucial to screen the health of your family prior to coming to Luther Park. If anyone has had a temperature at or above 100.4° F or if any other of the following symptoms are present, the individual must be evaluated by a licensed medical provider. Contact camp for further guidance.

Symptoms:

- ◆ *Cough*
- ◆ *Shortness of breath or difficulty breathing*
- ◆ *Fever*
- ◆ *Chills*
- ◆ *Muscle Pain*
- ◆ *Sore Throat*
- ◆ *New loss of taste or smell*
- ◆ *Nausea or Vomiting*
- ◆ *Diarrhea*

<u>PLEASE INITIAL</u>	
1. No one in our household has been in the proximity of anyone with any of these symptoms or with a diagnosis of COVID-19 in the 14 days before the start of camp.	<i>Initial</i> _____
2. No one in our household has been sick or had a fever <i>at or above</i> 100.4° F in any of the 14 days prior to camp.	<i>Initial</i> _____
3. No one in our household has traveled by air, bus or train in the 14 days prior to camp.	<i>Initial</i> _____
4. <u>All</u> participants in our household, and everyone who lives in our home(s) have avoided the risks of COVID-19 by following, without exception, our state's guidelines regarding COVID-19 for the two weeks prior to camp, including: maintaining physical distancing of at least 6 feet from non-household members, avoidance of all large group gatherings, use of a face mask and PPE while at a store or public place, etc.	<i>Initial</i> _____

My/our signature(s) indicate I/we completed this health screening daily and to the best of our ability. We understand arriving to camp healthy is vital to the health and safety of our fellow participants.

Signature, Guardian 1: _____ Date: _____

Signature, Guardian 2: _____ Date: _____