

Camper Name: _____

Camp Session: _____

Pre-Camp Health Screening

Dear Whitehall Camp Families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. You MUST bring this completed form to camp on check in day.

Please indicate if your camp has any of the following symptoms prior to camp. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance – 724-867-6861.

Symptoms:

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

Please Initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID 19 in the 14 days before the start of camp. Initial _____
2. No one in our household has been sick with COVID symptoms in the 14 days prior to camp. Initial _____
3. My child has not traveled by air or traveled out of the state in the 14 days prior to camp. Initial _____
4. My child has not had a fever in the 14 days prior to camp. Initial _____
5. My child does not live with high risk individuals, or has made alternate plans for after camp to eliminate exposing high risk individuals. Initial _____

Our signature indicates that we completed this health screening daily for 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 for all campers.

Parent Signature: _____ Date: _____

Camper Signature: _____ Date: _____

OPTIONAL -----*Feel free to use this space to record your health records in the 14 days leading up to camp*-----

Start date of temperature/
symptom screening:

Day:	14	13	12	11	10	9	8
Temp/ Symp							
Day:	7	6	5	4	3	2	1
Temp/ Symp							