

Five Day Health Monitor

Please have this form printed and available as you arrive at camp.

CAMPER OR STAFF MEMBER NAME: _____

Section 1

DAILY TEMPERATURE CHECK

Please record the camper's/staff's temperature for five days prior to your camp arrival.
Note that there is no quarantine required.

INITIAL
HERE

Day 1	Day 2	Day 3	Day 4	Day 5	Arrive
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP AT CAMP

Section 2

SYMPTOMS IN THE PRIOR FIVE DAYS - circle any that apply to this participant

Has the camper/staff experienced a fever (above 99.5 F), change in taste or smell, cough, change in appetite, shortness of breath, body aches, headache or generally not feeling well?

INITIAL
HERE

☐ The camper/staff has been symptom free for the prior five days.

Section 3

CONTACT HISTORY - circle any that apply to this participant

Has the camper/staff or a member of their household been in close contact with someone exposed to Covid 19, flu, strep or any other communicable disease in the last seven days?

INITIAL
HERE

☐ The camper/staff has not been exposed as described above.

I am an adult or I am the parent or guardian, acknowledge that I have filled out this form truthfully and to the best of my ability.

PARENT/GUARDIAN/STAFF SIGNATURE: _____ DATE: _____