



Youth Program Prescreening Health Form

Dear Program Families,

In an effort to minimize illness at our program/camp, we ask that you report on the health of your child daily beginning 14 days prior to the program/camp. It's important to start our programs with healthy participants and this begins at home. Please bring this **completed** form to opening day.

Indicate if your child has any of the following symptoms prior to the program and record a temperature daily. If any temperature or symptoms are present, please have your child evaluated by a licensed provider and contact the program staff for further guidance.

Symptoms (Symp):

- Fever or chills
- Cough
- Nasal congestion or runny nose
- New loss of taste or smell
- Sore throat
- Shortness of breath or difficulty breathing
- Diarrhea
- Nausea or vomiting
- Stomachache
- Tiredness
- Headache
- Muscle or body aches
- Poor appetite

Please initial:

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _____
2. No one in our household has been sick in the 10 days prior to camp. Initial _____
3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____
4. My child has adhered to our state's guideline regarding COVID19. Initial _____

Start date of temperature: _____	Day:	14	13	12	11	10	9	8
	Temp/ Symp:							
Start date of symptoms: _____	Day:	7	6	5	4	3	2	1
	Temp/ Symp:							

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 the program healthy is vital to a healthy program for all campers.

Parent Signature: _____ Date: _____

Participant Signature: _____ Date: _____