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 10 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):**

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

**Please initial:**

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 10 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 10 days prior to camp. Initial ________
4. My child has adhered to our state's guideline regarding COVID19. Initial ________

**Start date of temperature:**

<table>
<thead>
<tr>
<th>Day</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
</tr>
</thead>
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<tr>
<td>Temp/</td>
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<tr>
<td>Symp:</td>
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</tbody>
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**Start date of symptoms:**

<table>
<thead>
<tr>
<th>Day</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temp/</td>
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<tr>
<td>Symp:</td>
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*Our signature indicates that we completed this health screening daily for 10 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: ________________

Created by Eleanor Matthews, RN 2020

Association of Camp Nursing