

Eight Day Health Monitor Form

This form WILL BE COLLECTED AS YOUR CHILD EXITS THE CAR. Please have it ready.

CAMPER FULL NAME: _____

DATE OF BIRTH: _____

START DATE: _____

Please complete the five sections and signature space found on both sides of this form

Section 1

COVID-19 MOLECULAR TEST AND 10-DAY QUARANTINE

- My child has completed a molecular COVID-19 test
- They quarantined at least 72 hours before taking their test and remained quarantined until their arrival at camp.
- I have attached negative test results to this form.

INITIAL
HERE

Section 2

DAILY TEMPERATURE CHECK

For eight days prior to your child's arrival at camp, campers **must** record their temperature. Please check and record your child's temperature *at the same time each day*, and record below.

DAY ONE	DAY TWO	DAY THREE	DAY FOUR	DAY FIVE	DAY SIX	DAY SEVEN	DAY EIGHT (day before camp)
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE

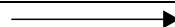
DAY
NINE
(camp
drop-off)

TEMP
HERE

- My child has been fever free for the past eight days

INITIAL
HERE

PLEASE SEE REVERSE



Section 3

SYMPTOMS IN THE LAST TWO WEEKS - circle any that apply to your camper		
Fever (above 100.4 F)	Change in taste or smell	
Cough	Change in appetite	
Shortness of breath	Generally not feeling well	
Body aches	Headache	
<i>If any of the above apply to your camper, please email laurie@campillahee.com to discuss <u>prior to arrival</u>.</i>		
<input type="checkbox"/> My child has been symptom free for the past 14 days	<table border="1"><tr><td>INITIAL HERE</td></tr></table>	INITIAL HERE
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Section 4

CONTACT HISTORY - circle any that apply to your camper		
<ul style="list-style-type: none"><input type="radio"/> My camper has been diagnosed with COVID-19.<input type="radio"/> My camper has a close relative/friend/acquaintance that has been in contact with someone exposed to or infected with COVID-19 in the last 14 days.<input type="radio"/> My camper has a household member currently on a watch list for COVID-19 exposure. <i>If any of the above apply to your camper, please email laurie@campillahee.com to discuss <u>prior to arrival</u>.</i>		
<input type="checkbox"/> My child has not been exposed as described above	<table border="1"><tr><td>INITIAL HERE</td></tr></table>	INITIAL HERE
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Section 5

VACCINATION HISTORY - circle any that apply to your camper		
<ul style="list-style-type: none"><input type="radio"/> Members of camper's household have received the COVID-19 Vaccine If so, please list who: _____<input type="radio"/> My camper has received the COVID-19 vaccine and I have attached a copy of her Vaccination Card.<input type="radio"/> My camper has tested positive for antibodies in the last 90 days, and I have attached a copy of her antibody test results. <i>If you have further questions, please email laurie@campillahee.com.</i>		
	<table border="1"><tr><td>INITIAL HERE</td></tr></table>	INITIAL HERE
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I, the parent/guardian, acknowledge that I have filled out this form truthfully and to the best of my ability.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____