

# 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: \_\_\_\_\_ /2022

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

## Section 1

### COVID-19 TEST

- My child has completed a COVID-19 test within **24** hours of arrival if antigen and 72 hours if PCR
- She remained quarantined between taking the test and arrival at camp.
  - A copy of the test is attached or I can provide a photo of the test result.
- My child will wear a mask if flying to camp or if in large public settings.

I warrant that my daughter completed a COVID-19 test within 24 hours of her arrival at camp (if antigen) and that the results were negative.

INITIAL  
HERE

## Section 2

### DAILY TEMPERATURE CHECK

For eight days prior to your child's arrival at camp, please check and record her temperature. Record your child's temperature *at the same time each day.*

DAY ONE	DAY TWO	DAY THREE	DAY FOUR	DAY FIVE	DAY SIX	DAY SEVEN	DAY EIGHT (arrival)
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE

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

INITIAL  
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PLEASE SEE REVERSE



**Section 3**

SYMPTOMS IN THE LAST TWO WEEKS - circle any that apply	
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 you, please email <a href="mailto:laurie@campillahee.com">laurie@campillahee.com</a> to discuss prior to arrival.</i>	
<input type="checkbox"/> My child has been symptom free	INITIAL HERE

**Section 4**

CONTACT HISTORY - circle any that apply to you	
<ul style="list-style-type: none"><li><input type="radio"/> My camper has been diagnosed with COVID-19 within the last 3 months... date: _____</li><li><input type="radio"/> My camper has been in close contact with someone who has tested positive for COVID-19 in the past two weeks.</li></ul>	
<i>Please email <a href="mailto:laurie@campillahee.com">laurie@campillahee.com</a>. Prior to your arrival to discuss close contact or any recent COVID-19 diagnosis.</i>	
<input type="radio"/> My child has not been exposed as described above	INITIAL HERE

I acknowledge that I have filled out this form truthfully and to the best of my ability.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**CAMPER SCREENED BY DIRECTOR UPON ARRIVAL**

Yes                      INITIAL HERE \_\_\_\_\_