

Five Day Health Monitor

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

CAMPER NAME: _____

Section 1

DAILY TEMPERATURE CHECK

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

INITIAL
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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 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?

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

INITIAL
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Section 3

CONTACT HISTORY - circle any that apply to this participant

Has the camper 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?

The camper has not been exposed as described above.

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

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____