

# Warner Camp Pre-Arrival Health Screening

Print Name: \_\_\_\_\_ Date filled out: \_\_\_\_\_

In an effort to minimize illness at camp we ask that you complete this pre-arrival health screening and present it to your Warner Camp Staff Host. **This form is not to be filled out more than 24 hours prior to arriving at Warner.** Please indicate if you have any of the following symptoms prior to your arrival. If any symptoms are present, please seek advice from a licensed healthcare provider and contact us at Warner for further guidance.

**Symptoms**

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

YES/NO	QUESTIONS ABOUT ABOVE NAMED PERSON
	Do you have a temperature > 100.0F* (37/8 C)? Your temp today is _____
	Do you have a new or worsening cough?
	Do you have a sore throat?
	Do you have muscle pain or soreness (not due to exercise or overexertion or muscles)?
	Has anyone in your home been tested for COVID19? If yes, when? _____

**Additional Questions: If you answer 'YES' to any of the questions below please do not come to Warner.**

	Has anyone in your household had close contact with anyone with any of COVID19 symptoms, been tested for COVID19, or diagnosed of COVID19 in the 14 days prior to arrival at Warner?
	Have you or anyone in your household had COVID19, or have had any of the symptoms, in the 14 days prior to arrival at Warner Camp?
	Has anyone in your household been contacted by your local health department and told they need to isolate within the 14 days before to arriving at Warner Camp?

We understand that arriving to Warner Camp healthy is vital to the health of Warner Staff and all others in attendance.

Participant/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_