

### 3-Day Self-Health Assessment

To take steps in mitigating exposure to health risks, every camper, retreat guest, staff, and volunteer are asked to complete a 3-Day Self-Health Assessment before arriving at camp or verify their 3-day health history upon arrival. Please fill out the table below marking **Y** (yes) or **N** (no) to any symptoms present. Please be in contact with the camp for any “yes” answers. Bring this completed form with you to check in, or a blank will be provided to you upon arrival.

Camper Name: \_\_\_\_\_ Camp Event: \_\_\_\_\_

Health Assessment Start Date: \_\_\_\_\_ Camp Start Date: \_\_\_\_\_

Days until Camp	3	2	1
Fever or chills (100.4°F or higher)			
Cough, sore throat, congestion, or runny nose that you cannot attribute to another health condition			
New shortness of breath or difficulty breathing			
Fatigue that you cannot attribute to another health condition			
Muscle aches that you cannot attribute to another health condition or specific activity (such as physical exercise)			
Headache that you cannot attribute to another health condition			
New loss of taste or sense of smell			
Nausea, vomiting, or diarrhea			

In the past 10 days, have you been in contact with an individual who has been ill with respiratory complaints or fever, or who is known to have tested positive for Covid-19? **YES / NO**

In the past 30 days have you have tested positive for COVID-19? **YES / NO**

If YES, what was the date on which you were notified that you were no longer contagious with COVID-19?

*Documentation will be required*

To prevent close contact between campers and staff we will not be doing lice checks at check-in. Please check your camper’s hair for lice and nits before arriving at camp. Were lice or nits found in your camper’s hair? **YES / NO**

Parent or Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_