



## Adult Health Pre-Screening Form: 7 Days + Negative PCR Test

Participant Name: \_\_\_\_\_ Arrival Date/Session: \_\_\_\_\_

Contact Info: Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If household member, name and relationship to participant: \_\_\_\_\_

Please record your temperature daily and indicate if any of the following symptoms are present. If you have a fever of 100.4 or greater or are experiencing any of the symptoms listed below, please contact your doctor and notify your group coordinator and/or Camp ACCOVAC before coming.

**Optional:** Have you received the COVID-19 Vaccine? \_\_\_ Full Dose? \_\_\_ Date of last or full dose \_\_\_\_\_

### Known Symptoms of COVID-19

- \*new cough
- \*Shortness of breath/difficulty breathing
- \*Fever of 100.4 or greater
- \*Chills
- \*Muscle pain
- \*Sore throat
- \*New loss of taste or smell
- \*Nausea, vomiting, stomach ache
- \*Diarrhea

### Please initial:

- \*I have not been around anyone with any of the listed symptoms or a diagnosis of COVID-19 in the 7 days before my arrival at Camp ACCOVAC. **Initial** \_\_\_\_\_
- \*No one in my household has been sick or shown symptoms of COVID-19 in the 7 days before my arrival to Camp ACCOVAC. **Initial** \_\_\_\_\_
- \*I have adhered to our/my state's guidelines regarding COVID-19. **Initial** \_\_\_\_\_

**Start date of temperature/symptom screening:** \_\_\_\_\_

Day (until arrival):	14	13	12	11	10	9	8
Temperature/symptoms							
Day (until arrival):	7	6	5	4	3	2	1
Temperature/symptoms							

INDICATE Y (yes) N (no) for symptoms and list temperature

**Date of PCR/Molecular/72 hour COVID-19 test:** \_\_\_\_\_ Please bring a copy of your negative test result to show to Camp ACCOVAC staff at check-in.

My signature indicates that I completed this health screening daily to the best of my ability. I understand that arriving at Camp ACCOVAC healthy is necessary for a safe experience for all those around me/them.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_