



Youth Health Pre-Screening Form: 14 Days

Participant Name: _____ Arrival Date/Camp 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: Has camper 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:

*My child has not been around anyone with any of the listed symptoms or a diagnosis of COVID-19 in the 14 days before their arrival at Camp ACCOVAC.

Initial _____

*No one in our household has been sick or shown symptoms of COVID-19 in the 14 days before my child's arrival to Camp ACCOVAC. **Initial** _____

*We 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

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

Signature: _____ Relationship to camper: _____ Date: _____