

CAMP BANDINA

COVID-19 Pre-screening Record:

Required for all Guests to attend (Adult & Student)

Participant's Name: _____
(anyone on campus – adults AND student)

Parent's Name: _____
(if participant is a minor)

Parent's Cell Phone: _____

Check-In Team AT CAMP ONLY:

Showing Symptoms:

YES NO

Time: _____ Date: _____

Signature of Screener:

1. Have you been in contact with any person in the last 14 days known to have contracted COVID-19?

YES NO

2. Check any of the following symptoms you have had in the last two weeks:

- Cough
- Diarrhea
- Nausea
- Vomiting
- Sore Throat
- Body Aches
- Shortness of Breath, Chest Tightness or difficulty breathing
- Running a fever (or measuring a temp of 100.0 degrees F or more)
- Repeated shaking with chills
- Unexpected muscle pain
- Nasal Congestion/ Runny nose
- Headache
- Loss of Taste and/or Smell

Please specify if you have any pre-existing medical conditions that could be mistaken for any COVID-19 symptoms checked above:

If you checked "yes" in box 1 or checked any symptoms in box 2 and DO NOT have any pre-existing conditions that could be mistaken for COVID-19 symptoms, you WILL NOT be allowed to attend camp.

PARENT SIGNATURE _____ DATE: _____

**Please be advised of the enhanced risks of campers being in direct contact with anyone 65 or older for 14 days after the end of the camp session.