Camper Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hollow Rock Camp**

**Pre-Camp Health Screening**

In our efforts to provide a safe and healthy camp experience, we have put several safety measures in place for the benefit of our staff, evangelists, youth, and camp residents. Part of this plan is this required COVID-19 Symptom Health Screening.

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| --- | --- |
| This screening is required by anyone entering the camp property for any reason. This form assists with ensuring a healthy environment. * All students participating in the youth program must have a parent or guardian complete this form if the student is under the age of 18. If the student is 18 or greater, they may complete their own health assessment.
* If you believe you have been exposed to COVID-19 and develop any symptoms, we ask that you stay home.
* If you answered “yes” to one or more of the signs or symptoms listed, you should stay home.
* If you have been in close contact with someone with COVID-19 within 7 days prior to camp, you should stay home.
 | Please write “yes” or “no” in the spaces belowThe camper listed above has not had the following signs or symptoms within the last 7 days:\_\_\_\_\_ Fever of 100.4° (F) or higher (without the use of fever-reducing medications) \_\_\_\_\_ Loss of smell or taste\_\_\_\_\_ Cough\_\_\_\_\_ Muscle Aches\_\_\_\_\_ Sore Throat\_\_\_\_\_ Shortness of Breath\_\_\_\_\_ Chills\_\_\_\_\_ New or Unusual Headache\_\_\_\_\_ Nausea, Vomiting, Diarrhea\_\_\_\_\_ Loss of Appetite\_\_\_\_\_ COVID-19 positive within the last 14 days. |

*My signature indicates that I completed this health screening prior to coming to camp and to the best of my ability. I understand that arriving to camp healthy is vital to a healthy camp for all campers. I understand that if my camper develops signs or symptoms of COVID-19, I may be required to transport the camper home.*

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

**Relationship to camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**