SHAC CAMP HEALTH PRE-EVENT SCREENING FORM

NAME: ________________________________________ DOB: ______________

☐ SCOUT  ☐ ADULT LEADER  ☐ STAFF  ☐ VISITOR

ARRIVAL DATE: _________________   UNIT:________________

SCREEN BEFORE YOU LEAVE     SCREENING AT CAMP

Date & Time: ________________    Date & Time: ________________

In the past 24-48 hours, have you had any of the following signs/symptoms?

☐ Contact with someone who is sick

Please Describe: ____________________________________________________________

☐ Fever 100 F or greater

☐ Vomiting/Nausea

☐ Diarrhea

☐ Cough, not associated with Asthma

☐ Shortness of Breath

☐ Difficulty Breathing

☐ Chills

☐ New loss of taste or smell

Current Temperature: _______________   Current Temperature: _________

Outcome after screen:        ☐ Attended camp (Green Placard)

☐ Quarantined at camp in the isolation area (Red Placard)

☐ Excluded / did not attend camp

_________________________________________   ____________________________

Signature of Initial Screener     Signature of camp Health Official

Required for all Screenings