

Camper Name: _____ Unit #: _____ Date at camp: _____

___ Scout ___ Leader/Parent ___ Event Staff (check one)

Camp Rock Enon Pre-Activity Health Screening

Dear Scouters,

In an effort to minimize illness at CRE we ask that you check on the health of anyone coming to camp (Scouts, Leaders, parents and staff) daily beginning 14 days prior to the activity. The best camp activities start with healthy campers and this begins at home. Please bring this completed form with you as it is required in order to enter camp.

Please indicate if the camper has any of the following symptoms 14 days prior to the activity and record a temperature daily. Any camper that shows potential signs of COVID-19 symptoms should NOT come to CRE before being evaluated by a licensed healthcare provider and contacting Camp Rock Enon for further guidance.

Camper that present with symptoms of potential COVID-19 will not be permitted to enter camp and will be sent home. Any other campers that were in the same vehicle with a potentially sick camper will also be sent home.

Any Camper in the "High Risk" category as defined by the CDC guidelines should consult their licensed healthcare provider before coming to camp.

Level 1 Symptoms:

- Shortness of breath
- Fever of 100.4 or greater
- New or worsening dry cough
- Flu-like symptoms
- Vomiting
- Diarrhea

Level 2 Symptoms:

- Cough
- Muscle Pain,
 - unexplained or extreme
- Sore throat
- New loss of taste or smell
- Rash
- Open Sore

Please answer the following questions:

In the 14-days prior to coming to Camp Rock Enon,

1. Yes No Has the Camper been in contact with anyone who has COVID19?

2. Yes No Has the Camper been in contact with someone that has been sick?

3. Yes No Has the Camper traveled by air or traveled out of the country or been in close contact with someone that has?

4. Yes No Has the Camper experienced any of the Level 1 symptoms?

5. Yes No Has the Camper experienced any TWO of the Level 2 Symptoms?

Any Camper answering YES to one or more of the above questions should **STAY AT HOME**.

Record the campers temperature and any symptoms daily below.

Start date of temperature/symptom screening:

Day:	14	13	12	11	10	9	8
Temp/symp							
Day:	7	6	5	4	3	2	1
Temp/symp							

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

Camper Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(if under the age of 18 years old)