

Camp Butano Creek Pre-Camp 10-Day Health Screening

Dear Butano Creek Camper / Staff,

In an effort to minimize illness at camp, please use the below chart to monitor health (of either camper or staff) the 10-days immediately prior to arrival at camp. The intent is to create a conscious effort for self-examination of potential symptoms. This form is to be used by both vaccinated and unvaccinated campers and staff. *Please bring this completed form to camp and share with camp nurse during initial health screening.*

Please indicate any of the following symptoms (**Y=yes / N=no**), that happen in the 10-days prior to camp along with recording a temperature daily. If fever or any symptoms are present, please get evaluated by a physician / licensed healthcare provider and contact camp for further guidance.

CAMPER / STAFF NAME: _____ **SESSION:** _____ **UNIT:** _____

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
Record Daily Temperature										
Cough? Y/N										
Shortness of breath / difficulty breathing? Y/N										
Sore Throat? Y/N										
Headache? Y/N										
Fever >100.4? Y/N										
Chills? Y/N										
Muscle Ache / Pain? Y/N										
NEW Loss taste / smell? Y/N										
Nausea, Vomiting, Diarrhea? Y/N										

- Fully vaccinated? **Yes** _____ **No** _____
 - **If yes**, please provide a copy of vaccination card at time of camp health check-in
 - **If no**, please provide a copy of a negative COVID-19 screening during camp health check-in, completed within the 3-days prior to camp arrival.

- If Unvaccinated, quarantined for a minimum of 10-days, directly prior to arrival at camp; Camper/Staff separated themselves from the larger population in an effort to help minimize the risk of being exposed to coronavirus. **Yes** _____ **No** _____

- Exposed to someone that is sick *OR* someone with symptoms or a diagnosis of COVID-19, within 14-days, directly prior to arrival at camp. **Yes** _____ **No** _____

- Traveled outside of or crossed the border into California in the last month. **Yes** _____ **No** _____

Signature indicates that I/we completed this daily health screening, to the best of my/our ability, for the 10-days prior to camp. I/we understand that arriving to camp healthy is vital to a healthy camp for ALL campers and staff.

Parent Signature (if Camper under-18): _____ Date: _____

Camper / Staff Signature: _____ Date: _____