

2022 CORONAVIRUS SCREENING FORM

Camper Name: _____

Last

First

Middle

Parent Name: _____

Last

First

Please answer the following questions.

1. When traveling to camp or one of our transportation stops, do you and your son plan to take the following precautions: wear masks, distance yourselves from other people (6ft), wash your hands for at least twenty seconds after using the facilities, utilize hand sanitizer, and take other reasonable precautions to ensure the health and safety of yourself, your son, and our camp population?

Yes No

2. Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?

Yes No

3. Have you or your son been in close contact or staying in the same household as someone with a known or suspected case of coronavirus? Yes No

4. Does your son or anyone in the household have any of the following symptoms: Fever, Cough, Loss of taste/smell, difficulty breathing, chills, sore throat, shortness of breath, Unexplainable Aches?

Yes No

5. Have you or your camper been in close contact or staying in the same household as someone with any of the above symptoms?

If yes to any of the above, please elaborate:

*ALL CAMP SEQUOIA STAFF are vaccinated for COVID-19 for summer 2022. FDA approved PCR tests within 72 hours of arrival are required from **campers who are not fully vaccinated** (see earlier memo for details) Campers are required to test negative with this instrument (directions under separate cover) prior to camp arrival according to camp established timelines in order to attend. Failure to do timely testing, home monitoring, or incomplete documentation of these may result in delayed or canceled enrollment in Camp Sequoia.*

Pre-Camp Scening

PLEASE BRING WITH YOU ON ARRIVAL DAY

(please record daily for the week leading up to camp)

DAY	Symptoms Displayed? (Listed in #4)	Temperature (Record in Degrees F)
6-19	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6-20	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6-21	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6-22	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6-23	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6-24	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6-25	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DAY	PARENT NAME (who completed the screening)	PARENT SIGNATURE
6-20		
6-21		
6-22		
6-23		
6-24		
6-25		
6-26		

If your son has an elevated temperature or exhibits any symptoms within the screening period, you MUST have him seen by a doctor and notify our medical staff prior to opening day to discuss.