

HEALTH SCREENING FORM

Thanks for partnering with us! We are grateful to have your child with us this summer. Please print and complete this form for EACH camper.

This form will be requested at check-in on Opening Day and should be completed prior to your child's drop off time. Following the guidelines laid out on this form is the best way you can partner with us to ensure the health and safety of all of our campers.

NAME: _____ **CAMP / SESSION:** _____

PARENT / GUARDIAN NAME: _____ **PARENT CELL:** _____

14-DAY INCREASED PRACTICE OF SOCIAL DISTANCING

Before your child's arrival, we ask campers to exercise 14 days of an increased practice of social distancing to reduce their risk of exposure to COVID-19. By practicing good social distancing, we mean avoiding large crowds/gatherings and limiting unnecessary travel. When unable to social distance, we ask campers to wear a mask per CDC recommendations.

APPROVED ACTIVITIES: sports, bike riding, hiking, other outdoor activities, Camps following CDC guidelines.

MASK RECOMMENDED: indoor activities where social distancing isn't possible, traveling and prolonged close contact with people outside your household.

My child has exercised 14 days of good social distancing.

(initial)

7-DAY TEMPERATURE CHECK

A part of the screening process includes a seven day temperature check prior to your child's arrival at camp. This can be recorded below. We recommend checking and recording your child's temperature at the same time each day, preferably in the morning.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My child has been fever free for the past 7 days.

(initial)

SYMPTOMS IN THE LAST TWO WEEKS (Check any that apply to your child)

- | | |
|--|--|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Loss of taste or smell |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Repeated shaking with chills | <input type="checkbox"/> Feeling feverish or a measured temperature greater than or equal to 100°F |
| <input type="checkbox"/> Muscle pain | <input type="checkbox"/> Known close contact with a person who is lab confirmed to have COVID-19 |
| <input type="checkbox"/> Headache | |

If any above apply to your camper, please email childrensministry@twumc.org prior to arrival

CONTACT HISTORY (Check any that apply to your child)

- | | |
|--|--|
| <input type="checkbox"/> This individual has been diagnosed with COVID-19. | <input type="checkbox"/> This individual has a household member currently on a watch list for COVID-19 exposure. |
| <input type="checkbox"/> This individual has a close contact that has been in contact with someone exposed to or infected with COVID-19 in the last 14 days. | |

If any above apply to your camper, please email childrensministry@twumc.org prior to arrival

PRE-EXISTING ILLNESS (Check any that apply to your child)

- | | |
|---|--|
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Respiratory Disease (including Asthma) | <input type="checkbox"/> Immunocompromised |

Individuals with pre-existing conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. Your camper is welcomed as long as you understand you child's pre-existing illness increases the implied risk of COVID-19.

I verify that I have answered these questions truthfully.

PARENT SIGNATURE: _____ **DATE:** _____

