



Pre-Camp Kubena 7 Day Health Screening

Camper Name _____ Start Date _____

Dear Camp families,

In an effort to minimize illness at camp, we ask that you complete a daily assessment beginning 7 days prior to the start of your camper's session. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on the first day of your camper's session.

Indicate below if your camper has had any of the following symptoms prior to camp and record a temperature daily. If any temperature exceeds 100 degrees or symptoms are present, please be evaluated by a licensed provider and contact Camp Kubena for further guidance.

- Symptoms:
- Cough
 - Fever
 - Chills
 - Muscle Pain
 - Sore throat
 - Shortness of breath or difficulty breathing
 - New loss of taste or smell
 - Nausea
 - Vomiting
 - Diarrhea

Start date of temperature/ symptom screening: _____

Day	7	6	5	4	3	2	1
Temperature/ Symptoms							

Please initial each line

_____ My child has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 7 days before the start of camp.

_____ No one in our household has been sick in the 7 days prior to camp.

_____ My child has not traveled by air or traveled out of state in the 7 days prior to camp.

_____ My child has adhered to our state's guidelines regarding COVID-19.

My signature indicates that I completed this health screening daily for 7 days prior to camp and to the best of our ability. I understand that arriving at camp healthy is vital to a healthy camp.

Parent/Guardian Signature _____ Date _____

Camper Name _____ Group _____