

**Pathways Lutheran Outdoor Ministries 2021 Pre-Arrival Health Screening**



Name of Camper/Guest: \_\_\_\_\_

Dates of Stay: \_\_\_\_\_

**Dear families and groups:** In an effort to minimize illness and exposure at camp we ask that you check your own/your camper’s health daily beginning 14 days prior to camp. The best camp sessions start with healthy campers, and this begins at home. Please bring this completed and signed health form to camp on your day of arrival.

**Please indicate if you/your camper has any of the following symptoms prior to camp, and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.**

- Symptoms of COVID-19:**
- Cough
  - Shortness of breath or difficulty breathing
  - Fever (100.4 ° or more)
  - Chills
  - Muscle Pain
  - Sore throat
  - New loss of taste or smell
  - Nausea
  - Vomiting
  - Diarrhea

- Please initial:**
1. I have not (or my child has not) been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before the start of camp. Initial \_\_\_\_\_
  2. No one in our household has been sick in the 14 days prior to camp. Initial \_\_\_\_\_
  3. I have (or my child has) adhered to Minnesota state guidelines regarding COVID-19. Initial \_\_\_\_\_
  4. I have (or my child has) avoided busy public spaces to the best of my (or their) ability in the 14 days before the start of camp. Initial \_\_\_\_\_

Day:	14 (Start)	13	12	11	10	9	8
<u>Temperature/ Symptoms</u>							
Day:	7	6	5	4	3	2	1 (End)
<u>Temperature/ Symptoms</u>							

*Your signature indicated that you completed this health screening daily for 14 days prior to camp and to the best of your ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.*

Camper/Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (If camper is under 18): \_\_\_\_\_ Date: \_\_\_\_\_