

Please have this form filled out and signed
to be handed in at bus drop off!

HAVE YOU, IF STAFF/THE CAMPER CURRENTLY HAVE OR HAVE HAD THE FOLLOWING SYMPTOMS IN THE
LAST 10 DAYS?

1. FEVER
2. LOSS OF SMELL OR TASTE
3. NEW OR WORSENING COUGH
4. SHORTNESS OF BREATH
5. SORE THROAT OR RUNNY NOSE

OR TWO OF THE FOLLOWING SYMPTOMS:

1. UNUSUAL HEADACHE
2. INTENSE FATIGUE
3. SIGNIFICANT LOSS OF APPETITE
4. GENERALIZED MUSCLE PAIN
5. NAUSEA OR VOMITING
6. DIARRHEA

OR

1. CLOSE CONTACT WITH SOMEONE WITH ABOVE SYMPTOMS
2. CLOSE CONTACT WITH SOMEONE DIAGNOSED WITH COVID-19 IN THE LAST 14 DAYS

PLEASE SIGN THE FOLLOWING STATEMENT:

I/MY CHILD DO NOT FULFILL ANY OF THE ABOVE SITUATIONS:

CAMPER NAME: _____

PARENT NAME: _____

SIGNATURE: _____

DATE: _____

PLEASE INDICATE IF YOU/CAMPER HAD A PROVEN INFECTION WITH COVID IN THE LAST 6 MONTHS, AND
IF SO, PLEASE INDICATE DATE:

NO HISTORY OF COVID INFECTION

OR

HAD COVID ON THE FOLLOWING DATE: _____