

Guest Name: _____ Group Name: _____

Best Practice-14 Day Healthy Home/Healthy Camp-Prescreening Tool In an effort to minimize the risk of COVID-19 at Gretna Glen Camp & Retreat Center we are asking you to take some special steps in preparing for your event this year in the 14 days prior to your event. These special pre-camp care guidelines include: **avoiding unnecessary travel and crowds, limiting your interactions with people outside your household, and adhering to PA State social distancing and masking guidelines.**

Please indicate if attendee has any of the following symptoms prior to your event and record a temperature daily. If any symptoms are present, please be evaluated by a licensed healthcare provider.

Symptoms:

- Fever (100.4 or higher)
- New lack of smell or taste
- Cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Runny nose/congestion
- Chills
- Muscle pain
- Nausea or vomiting
- Headache

Day 1 – Date: _____ Temp: _____ Symptoms: _____

Day 2 – Date: _____ Temp: _____ Symptoms: _____

Day 3 – Date: _____ Temp: _____ Symptoms: _____

Day 4 – Date: _____ Temp: _____ Symptoms: _____

Day 5 – Date: _____ Temp: _____ Symptoms: _____

Day 6 – Date: _____ Temp: _____ Symptoms: _____

Day 7 – Date: _____ Temp: _____ Symptoms: _____

Day 8 – Date: _____ Temp: _____ Symptoms: _____

Day 9 – Date: _____ Temp: _____ Symptoms: _____

Day 10 – Date: _____ Temp: _____ Symptoms: _____

Day 11 – Date: _____ Temp: _____ Symptoms: _____

Day 12 – Date: _____ Temp: _____ Symptoms: _____

Day 13 – Date: _____ Temp: _____ Symptoms: _____

Day 14 – Date: _____ Temp: _____ Symptoms: _____

Has attendee had a COVID-19 vaccine? No _____ Yes _____ Manufacture _____ Lot _____

Date of completed vaccination dose _____

Please initial beside each of the following statements below:

- Attendee has not been exposed to anyone diagnosed with COVID-19 in the 14 days prior to the start of camp. Initial _____
- No one in our household has been sick in the 14 days prior to camp. Initial _____
- Our family has adhered to PA state COVID-19 masking and mitigation guidelines and the special pre-camp care guidelines listed above. Initial _____

The signature below indicates that I/we completed this required health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving at camp healthy is vital to a healthy camp community for everyone.

Parent/Guardian Name: _____ & Signature _____ Date: _____

(If attendee is under 18)

Attendee Name: _____ & Signature _____ Date: _____

(If attendee is over 18)