

Gretna Glen COVID-19 PRE-SCREENING QUESTIONNAIRE
Healthy Home/Healthy Participant



The safety of our campers and staff is our top priority. In order to prevent the spread of the coronavirus (COVID-19) and reduce the potential risk of exposure to the camp population, please complete this questionnaire and return to the healthcare team at check in. Thank you for your participation in this important precautionary measure to protect all of our participants.

Participant Name: _____ Program Name: _____

Are you (camper, staff, volunteer) currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?

- | | | |
|---|------------------------------|-----------------------------|
| - Fever of 100.4° F or greater | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Cough | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Shortness of breath or difficulty breathing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Sore throat | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - New loss of taste or smell | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Chills | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Head or muscle aches | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Nausea, diarrhea, vomiting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

BRING ALONG TO CAMP

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 _____
- Has attendee had a COVID-19 vaccine? No ____ Yes ____ Manufacturer _____ Lot # _____
 What is the date that you are fully vaccinated (two weeks after final dose) Date: _____

The signature below indicates that I/we have 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 as a healthy participant is vital to a healthy camp community for everyone.

Signature: _____ Date: _____
 (Parent's signature, if under 18)

Signature: _____ Date: _____
 (Participant's signature, if 18 or over)

<p align="center">Check-In Temperature:</p> <p align="center">_____ ° F</p> <p align="center">Office Use Only</p>
