

# CAMPER PERSONAL HEALTH SCREENING

(TO BE COMPLETED DAILY)

Camper Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Person Completing Questionnaire: \_\_\_\_\_

**1. Has your child experienced one of the following symptoms over the past seven days:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Persistent cough?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fever ( <i>Temperature of above 100.4° F</i> ) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repeated shaking/chills                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Muscle pain/aches                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loss of taste/smell                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Abdominal pain, vomiting, diarrhea             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**2. Has your child recently (*in the past 14 days*) been in close contact with anyone who has exhibited any of the above symptoms (*Close contact means within less than six feet for a prolonged period of time*)?**

Yes       No

**3. Has your child recently (*in the past 14 days*) been in contact with someone who has tested positive for COVID-19 or been advised to self-isolate by a medical professional due to COVID-19 reasons?**

Yes       No

**4. Has your child recently (*in the past 14 days*) traveled internationally?**

Yes       No

## LAKE FOREST

PARKS AND



RECREATION