# Pre-Camp Health Screening Form          **Form # 9**

Camper Name: _____          Camp Dates: _____

**CETA CANYON**
**CAMP & RETREAT CENTER**
A SPECIAL PLACE WHERE GOD IS EXPERIENCED
AND LIVES ARE CHANGED.

Dear Camp Families,

In an effort to minimize illness at camp, we request that you check on the health of your camper daily beginning **11 days prior to camp**. We want everyone's experience to be a healthy one and this begins at home. Please bring this completed form to camp on the day of arrival and submit at check in. **Please note dining is limited to campers/guests per table.**

Please indicate if your camper has had any of the following symptoms prior to camp. If any temperature or symptoms are present, have your camper evaluated by a licensed health provider and contact your church or group leader for further guidance.

Symptoms:

*To be completed by parent/legal guardian of camper.*

- ❑ Cough
- ❑ Shortness of breath or difficulty breathing
- ❑ Fever
- ❑ Chills
- ❑ Repeated shaking with chills
- ❑ Muscle pain
- ❑ Headache
- ❑ Sore throat
- ❑ Loss of taste or smell
- ❑ Diarrhea
- ❑ Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit

1. Camper has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 11 days before the start of camp.

   *Initial* _____

2. No one in our household has been sick in the 11 days prior to camp.

   *Initial* _____

3. Camper has not traveled by air, ship or traveled out of the U.S. in the 11 days prior to camp.

   *Initial* _____

4. Camper has not exhibited a temperature greater than or equal to 100.0 degrees Fahrenheit.

   *Initial* _____

Signature below indicates this health screening was completed daily for 11 days prior to camp and to the best of my ability. I understand that arriving to camp healthy is vital to a healthy camp for Camper, Camper's family, and all persons at the camp. I understand that Camper will not be permitted to attend the camp if, within 11 days of arrival date, Camper has recorded a temperature of 100.0 degrees or higher, exhibited any health symptoms indicated above, or has been exposed to Covid-19 or increased risk thereof due to travel or exposure per the representations in this form.

_____          _____
*Signature of Parent or Legal Guardian*                                    *Date*