

Hume Lake Guest Health Screening Form

Must be completed for **all** guests **no earlier** than 24 hours before arrival.

Guest Name: _____ Date & Time: _____

1. In the last 24 hours, have you had any:

- Fever (>100.4F/38C)
- Cough
- shortness of breath
- Chills
- Tremors
- muscle pains
- Headache
- sore throat
- new loss of taste or smell

N

Y (Please circle all that apply)

**Guests with fever AND another symptom above within the last 24 hours may NOT attend. Reservation must be cancelled or rescheduled.*

2. In the past 14 days, have you been exposed to anyone who has tested positive for COVID19? N

Y Please explain: _____

**Guests who have been within 6ft of a POSITIVELY TESTED COVID19 patient who was coughing/sneezing/talking for more than 15 minutes may not attend camp if less than 14 days from day of exposure.*

3. Temperature: _____ (must be taken no earlier than 24 hours prior to arrival)

Signature of guest: _____ Date: _____
(Parent or guardian signature if guest is a minor)

If you have any questions, please contact the Hume nurse: 559-305-7700