

## Health Screening Form

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

Guest Name: \_\_\_\_\_ Date & Time: \_\_\_\_\_

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

- Fever (>100.4F/38C)
- Cough
- shortness of breath
- Chills N
- Tremors Y  (Please circle all that apply)
- muscle pains
- Headache
- sore throat
- new loss of taste or smell

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

2. In the past 14 days, have you been exposed to anyone with a contagious disease (including 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 of exposure. If exposed to a different contagious disease, please contact Hume Lake Nurse Manager to discuss an appropriate control plan.*

3. Temperature: \_\_\_\_\_ (Please record the temperature no more than 24 hours from date of arrival)

Signature of Guest (parent or guardian if guest is a minor): \_\_\_\_\_

**\*\*By signing this document, you attest that you have answered all questions truthfully.**

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