

Health Screening Form

Must be completed for **all** students & counselors no earlier than 24 hours before camp sessions longer than 2 nights.

Guest Name: _____ Date & Time: _____

Group name: _____

1. In the last 24 hours, have you had any vomiting, diarrhea, fever, cough, sore throat or rash? No

Yes Please circle above and check **current** temperature: _____

Guests with vomiting, diarrhea, or temperature $\geq 100.4F$ within the last 24 hours may not attend camp.

2. In the last week, have you been exposed to anyone with a contagious disease? N

Y Please explain: _____

3. Have there been any changes in your health since registering for camp? N

Y Please explain and notify Hume infirmary staff: _____

4. Do you promise to wash your hands for at least 20 seconds before every meal and after using the bathroom? Y

5. Do you promise to drink 2 cups of water at every meal & a full water bottle in between? Y

Students, if you have any health conditions such as a food allergy, activity restriction, rescue inhaler or epi-pen, we highly recommend you tell your counselor.

Printed Health Screener Name: _____ Circle Credential: RN/ Doctor

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

Groups that do not have a health screener will be charged \$5 per guest for Hume staff to complete.