



Winter Camp 2022 Health Screening Form

Complete for **all** guests **no earlier** than 24 hours before arrival by a healthcare professional.

Guest Name: _____ Date & Time: _____

1. In the last **10** days, have you had any:

- Fever ($\geq 100.4F/38C$)
- Cough
- Shortness of breath
- Chills
- Muscle pains
- Headache
- Sore throat
- Nausea/Vomiting
- Diarrhea
- New loss of taste or smell
- **Positive COVID19 test result**

N

Y (Please circle all that apply)

Temperature: _____
(must be taken at time of health screen)

**Guests with symptoms within the past 10 days may NOT attend, unless a negative COVID-19 antigen or NAAT/PCR test taken after the onset of symptoms is provided. If a guest had a fever, vomiting, or diarrhea within the past 24 hours, they must not attend.*

2. In the past 10 days, have you been exposed to anyone who has tested positive for COVID-19? N

Y Please explain: _____

**Guests who have been within 6ft of a POSITIVELY TESTED COVID-19 patient for more than 15 minutes may not attend camp if less than 10 days from day of exposure unless fully vaccinated.*

3. Provided a negative COVID-19 test result**? (Test must have been performed within 24hrs if rapid antigen, or 72hrs if NAAT/PCR) If your church has arranged for testing before traveling to Hume, attestation by a medical doctor of the negative test result is required.

Y (Required - staple or attach to Health Screen)

***If you have had a POSITIVE COVID-19 test result within the past 90 days, but more than 10 days ago, you do not need to be tested again. Please provide proof of the POSITIVE test result instead.*

Healthcare Provider: _____ Date: _____

Signature, printed name, and title (MD, DO, PA, RN, NP, etc.)

(By signing above, you are verifying that health questions were answered truthfully to the best of your knowledge and that a COVID-19 test meeting the requirements in question 3 is attached)