

Complete for all guests no earlier than 24 hours before arrival by a medical doctor, nurse, nurse practitioner, or physician's assistant.

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

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

- Fever (>100.4F/38C)

- Cough

- Chills

No

- Sore throat

- Vomiting

Yes  (Please circle all that apply)

- Diarrhea

- Rash (If you have eczema, is this a different type of rash?)

**\*\* If a guest has a fever, vomiting, or diarrhea within 24 hours of arrival, they must not attend.**

- Head or body lice

*(Please note if a camper develops any of the above while at camp, they may be isolated and sent home.)*

**2. Have you been exposed to someone with a communicable illness (i.e. COVID-19, chicken pox, strep throat, influenza, lice, etc.) in the past week? No  Yes**

Explain: \_\_\_\_\_

*(If camper has any new onset of symptoms of the illness they were exposed to, they must not attend camp. If they develop symptoms while at camp, they may be isolated and sent home.)*

\_\_\_\_\_  
**Signature & Printed Name of Healthcare Professional**

(i.e: MD, DO, PA, NP, RN, LVN)

\_\_\_\_\_  
**Date**