



# HEALTH SCREENING FORM

Please complete the following information on this side of the sheet for your camper (or yourself if you are a counselor). If your camper has a temperature greater than 100.4, please do not let them depart for camp without notifying your group's coordinator and/or calling Camp Siloam at 479-250-1865. Please return this form to your group's coordinator as you are loading to depart.

## CONTACT HISTORY – CHECK ANY THAT APPLY TO YOUR CAMPERS

- My camper has been social distancing for 14 days prior to coming to camp.
- I verify that the camper has not had a temperature above 100.4 F in the last 7 days.
- The camper has not been diagnosed with COVID-19 the last 14 days.
- The camper has no household members currently suspected of having COVID-19.
- I UNDERSTAND THE RISK OF ATTENDING CAMP SILOAM WITH A PRE-EXISTING ILLNESS.**  
Campers with a history of cardiovascular disease, diabetes, immunosuppression, or respiratory disease (such as asthma) are at increased risk from a COVID-19 infection. The risks can be life threatening.



**I VERIFY THAT I HAVE ANSWERED QUESTIONS TRUTHFULLY. *Initials:*** \_\_\_\_\_

Printed name of Camper/Counselor: \_\_\_\_\_

Parent/Guardian (for campers): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# HEALTH SCREENING FORM

This form must be completed and signed by a nurse, first responder, EMT, doctor, pharmacist, or other health professional for all campers & counselors no earlier than 24 hours before departure. Parents, please do not sign your own child's form. Health screener must be 18+ years old.

Camper: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

- 1 In the last 24 hours, has the camper had any vomiting, diarrhea, fever, chills, cough, sore throat, change in taste/smell, shortness of breath, body aches, fatigue or rash?  Yes  No

If yes, please **circle symptom above** and check current temperature: \_\_\_\_\_  
(Guests with vomiting, diarrhea, or temperature > 100.4F within the last 24 hours may not attend camp.)

- 2 In the last week, has the camper been exposed to anyone with a contagious disease?  Yes  No  
If yes, please explain: \_\_\_\_\_

- 3 Have there been any new health changes to the camper since completing the camp registration health form?  Yes  No

If yes, please explain and notify Camp Siloam First Aid Team upon arrival:  
\_\_\_\_\_

- 4 Does the camper understand the importance of hand washing for at least 20 seconds before every meal and after using the bathroom?  Yes  No

- 5 Does the camper understand the importance of drinking at least 2 cups of water at every meal and a full water bottle in between?  Yes  No

## FOR HEALTH SCREENER

I have done a head exam for lice and camper is free from active lice infection. *Initials:* \_\_\_\_\_

Health Professional Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Circle credential:** First Aid / EMT / First Responder / Nurse / Doctor / Pharmacist

*If you have any questions, please contact the office: (479) 250 - 1865*

Return this form to your church leader who can then submit the entire group's forms to the Camp office at check-in.