COVID-19 PRE-SCREEN

Please be aware that the following questions are being asked of everyone that enters our property this summer (Campers, Leaders, Staff, Vendors & Guests). We ask that you be honest in answering these questions, as our goal is to provide for the health and safety of everyone on our property. We will be conducting temperature checks for everyone that enters the property every day. In the event that due to the following questions or due to temperature screening you are turned away, please know that a refund will be provided.

1) Within the last 14 days have you:
   • had a fever of 100.4 or greater
   • Cough
   • Shortness of breath
   • diarrhea
   • fatigue
   • headache
   • muscle aches
   • nausea
   • loss of taste or smell
   • sore throat
   • vomiting

   YES   NO

2) Within the last 14 days, have you been in close contact with a person who has tested positive for COVID-19?

   YES   NO

3) Within the last 14 days, have you been in close contact with someone who has been quarantined as a result of COVID-19?

   YES   NO

I acknowledge that I have answered the above questions honestly and to the best of my ability.

Name of Participant______________________________________________________________

Name of Parent (if participant is under 18)__________________________________________

Signature ___________________________________   Date_____________________