



COVID-19 Camp Monitoring Form

Please complete this form and print it out to hand in at check-in every day. Please monitor your child and everyone in the household daily. This form is intended for self-monitoring of COVID-19 symptoms. If you show any of the below symptoms, please immediately contact the camp office and camp staff (800-944-7112)

Fever or Chills	Yes	No
Cough	Yes	No
Nasal Congestion or Runny Nose	Yes	No
Sore Throat	Yes	No
Shortness of Breath or Difficulty Breathing	Yes	No
Diarrhea	Yes	No
Nausea or Vomiting	Yes	No
Fatigue	Yes	No
Headache	Yes	No
Muscle or Body Ache	Yes	No
New Loss of Taste or Smell	Yes	No
Temperature (Higher than 100.3)	Yes	No

Participant Name: _____

Time & Date: _____

Camp Location: _____

Temperature at Home: _____ Initial _____

Please Initial

My child has not had any COVID-19 symptoms in the past 14 days Initial _____

My child has not tested positive for COVID-19 in the past 14 days Initial _____

My child has not had close or proximate contact with confirmed or suspected COVID-19 case in the past 14 days Initial _____