

Camp KEEP: Pre-Travel Health Screening

This health screening form is required to attend Camp KEEP. It must be completed within 24 hours of camp departure and given to your child's teacher the morning of departure. Thank you for your assistance in maintaining a healthy, COVID free environment at Camp KEEP.

NAME: _____ SCHOOL: _____

In the last 10 days:	RESPONSE	
Does your child (or you as an adult participant) live with, had contact with, or displayed these symptoms:	Please note if any symptoms are due to a known health condition (asthma, allergies, etc)	
prolonged cough	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
temperature over 100.4	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
fever or chills	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
flu-like symptoms	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
a diagnosis of COVID-19	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
exposure to known case of COVID-19	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
shortness of breath	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
cold	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
rash	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
fatigue	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
body ache	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
diarrhea	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
vomiting	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
headache	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
recent loss of taste or smell	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
sore throat	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
congestion	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____
runny nose	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO _____

COVID-19 vaccination is not required for participation in Camp KEEP; however, per the CDC and CDPH it is recommended for all individuals 12 years and older.

It is optional to bring a front and back copy of your COVID-19 vaccination card to camp. In case of an exposure, unvaccinated individuals will be sent home. In case of exposure, those with proof of vaccination and no symptoms will be allowed to stay.

I understand that arriving to Camp KEEP healthy is vital to a successful week for all. My signature indicates that I completed this health screening for 10 days prior to camp to the best of my ability.

Parent Name & Signature: _____ Date: _____

