



Mary C. Barlow
Kern County Superintendent of Schools
1300 17th Street - CITY CENTRE
Bakersfield, CA 93301-4533

Pre Departure School Health Assessment Certification

As a representative of _____ School, I certify that the following statements are true for participants arriving at Camp KEEP on _____ (date).

- All students, staff, and chaperones have submitted a *Pre Travel Health Screen Form*.
- All students, staff and chaperones have completed a temperature check with results of 100.4 or lower.
- All students, staff and chaperones have completed a rapid antigen test with negative results.

Representative Signature _____ Date _____