



Office of John G. Mendiburu, Ed.D.
 Kern County Superintendent of Schools
Advocates for Children

Camp KEEP: Pre-Travel Health Screening

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

NAME: _____ SCHOOL: _____

In the last 7 days:	RESPONSE	
Has the person attending KEEP displayed these symptoms:	Note if 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 or 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 _____

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 to the best of my ability.

Parent Name & Signature: _____ Date: _____