

TFC Camper Pre-camp Health Screening

Unit # _____

City/State _____

Name: _____

Age: _____

CAMPER

DRIVER

Have you tested positive for Covid-19? YES NO

Have you had close contact with someone who has tested positive for Covid-19 in the last 14 days? YES NO

Do you have a sore throat/cough? YES NO

Do you have any shortness of breath, or difficulty breathing? YES NO

Have you experienced loss sense of smell or taste in last 14 days? YES NO

Have you experienced unexplained muscle fatigue, Fever or chills in last 14 days? YES NO

Have you traveled on a plane/cruise ship or to a Covid-19 "hot spot" in the last 14 days? YES NO

Temperature on date of departure for camp _____

Parent/Guardian name _____

Parent Signature _____

Unit Leader Signature _____

(SEE BACK)

- Those who answer YES to one or more questions should confirm with a medical professional before they attend camp.
- Anyone with a temperature over 100 will not be admitted to camp.
- Anyone who develops symptoms that would require testing for Covid-19 will be sent home from camp.
- Those over the age of 60 should seek medical professional opinion prior to attending camp.
- Those with underlying Health issues should seek the advice of a medical professional before attending camp.
 - Pulmonary / Heart Disease / Hypertension (high blood pressure)
 - Respiratory disease (Asthma)
 - Obesity
 - Diabetes
 - Compromised immune system disease(s)
 - Cancer

Temperature upon arrival at camp
