

Camp Gorton Health Screening for Adult Participants

Name of Camper: _____



Week attending Camp: _____

Dear Camp Gorton Campers,

Please use the following form to document your health during the two weeks preceding your arrival at Camp Gorton. This completed form must be presented during your check-in process.

Please place a checkmark next to any of the symptoms you have experienced in the two weeks leading up to your arrival at Camp Gorton.

Cough ___ Shortness of breath / difficulty breathing ___ Fever ___ Chills ___
 Muscle Pain ___ Sore Throat ___ Loss of taste or smell ___ Nausea ___
 Vomiting ___ Diarrhea ___

Please sign your initials verifying the following statements:

I have not been around anyone with any of the listed symptoms of diagnosis of COVID-19 in the 14 days before the start of camp. _____

No one in my household has been sick in the 14 days before the start of camp. _____

I have adhered to our state and local official's guidelines regarding COVID-19. _____

I have been vaccinated for COVID-19 Yes ___ No ___ (Optional)

Temperature Log. Begin to record your temperature daily beginning two weeks before your arrival at Camp Gorton.

Start date of temperature / symptom screening: _____

Day:	14	13	12	11	10	9	8
Temp / Symptoms							
Day:	7	6	5	4	3	2	1
Temp / Symptoms							

Your signature below indicates that the information above is true to the best of your knowledge.

Signature: _____

Date: _____