



Unit Health Screening

Unit/No. _____

To be completed by unit leader before check-in at camp. This form will be reviewed with you by the camp health officer or designated staff member at check-in.

Please list for the camp health officer the names of campers or staff who:

1. Are taking medicines currently.
2. Have special health needs that limit participation.
3. Have allergies to foods, medicines, and insect stings.
4. Have emergency medicines they keep with them.
5. Have had a change in circumstances since their Health Screening was done, including:
 - a. any visit to a doctor or clinic since the last exam;
 - b. any recent illness, injury, rash, or allergic reaction;
 - c. fever or other signs of illness or infection in the last 48 hours (i.e. nausea, vomiting, diarrhea, cold);
 - d. contact with sick friends or family members in the last 48 hours;
 - e. any daily medication taken 30 days prior to camp.

If any of these are present, does the person feel and look fine at present?

Name	Screening Notes

Unit Leader Name: _____

Unit Leader Signature: _____

Date: _____