

Camp Mountain Run Pre-camp Screening Form

Name of participant _____ (Circle ONE) Troop Pack # _____
(Circle ONE) Youth Adult Current Body Temperature (in degrees) _____

This form is to assist in identifying potential COVID-19 cases before event participation.

Please review the current health status with each youth and adult participant prior to departure on the day of arrival at summer camp. Anyone entering a camp or event must be screened.

D Yes D No Have you or has anyone in your household: been in close contact in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?

D Yes D No Have you or has anyone in your household: been in close contact with anyone who has been tested for COVID-19 and is waiting for results?

D Yes D No Have you or has anyone you have been in close contact with: traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?

If the answer is **YES** to any one of the questions above, the participant must stay home.
If all answers above are **NO**, proceed to the signs/symptoms list below.

Signs/Symptoms of COVID-19

- Cough, shortness of breath or difficulty breathing
- Fever or chills
- Muscle or body aches
- New loss of taste or smell
- Nausea, vomiting or diarrhea

Youth Confirmation

(This portion must be signed by a parent/guardian if the participant is under 18.)

I certify that my answers to the above questions are true. Furthermore, my child does not have any signs or symptoms of COVID-19 that would prevent participation in the CMR summer camp program.

Signature _____

Date _____

Adult Confirmation

(This portion must be signed by the participant who is 18 or older.)

I certify that my answers to the above questions are true. Furthermore, I do not have any signs or symptoms of COVID-19 that would prevent participation in the CMR summer camp program.

Signature _____

Date _____