



PRE-CAMP HEALTH SCREENING FORM

MICHIGAN CROSSROADS COUNCIL – SUMMER 2021



Camper Name: _____ Age: _____ Camper is a: Youth Adult

Unit Number: _____ Dates Attending Camp: _____

Camp Attending?: Camp Rotary Cole Canoe Base D-bar-A Scout Ranch Gerber Scout Reservation Camp Teetonkah

Dear Camp Families:

In an effort to minimize illness at camp, we ask that you check on the health of EACH camper daily – beginning 14 days prior to your arrival to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form with you to camp on opening day.

In the daily tracking table below, please indicate - FOR EACH DAY - the camper’s temperature AND check the box indicating if the camper has any of the following symptoms prior to camp.

- Cough (not otherwise explained by a known condition or seasonal allergies)
- Headache (not otherwise explained by a known condition or seasonal allergies)
- Shortness of Breath or Difficulty Breathing
- Fever
- Chills
- Muscle Pain
- Sore Throat
- New Loss of Taste or Smell
- Nausea
- Vomiting
- Diarrhea

Start Date of Temperature & Symptom Screening _____	DAY:	14	13	12	11	10	9	8
	Temp (°F):	_____	_____	_____	_____	_____	_____	_____
	Symptoms?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	DAY:	7	6	5	4	3	2	1
	Temp (°F):	_____	_____	_____	_____	_____	_____	_____
	Symptoms?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If any temperature recorded is 100.4° F or higher, or if you mark “yes” to any of the symptoms, please have your camper evaluated by a licensed provider. A temperature of 100.4° F or higher and/or marking “yes” to any of the symptoms means that your camper cannot attend camp! Please contact your Camp Director for further guidance and refund processing.

Please Initial the Following on the Day of Departure for Camp*

- The camper – in the last 2 weeks – has not had any known contact with anyone known to or suspected to have COVID-19. **Initial:** _____
- The camper has never tested positive for COVID-19. If the camper has tested positive, they have tested negative at least 3 times. **Initial:** _____
- The camper has adhered to State of Michigan guidelines regarding COVID-19. **Initial:** _____

* If the camper cannot meet any of the above listed conditions – the camper cannot attend camp! Updated 5/11/2021

The signature below indicates that this Pre-Camp Health Screening Form was completed DAILY for 14 days prior to the Camper’s arrival to camp and was done so to the best of the Camper’s ability. The undersigned understands that these questions are intended to reduce the potential of, but cannot eliminate, exposure to COVID-19 and that arriving to camp healthy is vital to a healthy camp for all campers. The undersigned agrees to contact the Health Officer at the Camp if the participant tests positive for COVID-19 within 14 days of attendance at or removal from camp.

Camper’s Signature: _____ Date: _____
(Parent/Guardian Signature if Under 18)

MICHIGAN CROSSROADS COUNCIL

MEDICAL PRE-SCREENING CHECKLIST

The Michigan Crossroads Council asks that your family utilizes this final check sheet right before leaving home to meet with the rest of your Unit. Subsequently we request that your Unit utilizes this final check sheet with EACH camper prior to departing for camp.

