

Camp Arrival – COVID-19 Health Screening



Name: _____

Cabin: _____

Circle any of these symptoms that you
are currently experiencing:

Current Temperature: _____

Fever or chills

New loss of smell or taste

Congestion or runny nose

Cough

Headache

Sore throat

Nausea or vomiting

Fatigue

Muscle or body
achesShortness of breath or
difficulty breathing

Diarrhea

Have you tested positive or have been in close contact with someone who has tested positive (or is suspected of having) COVID-19 in the last 14 days? Yes No