

COVID-19 SCREENING QUESTIONNAIRE

Your health and well-being are of the upmost importance and we are taking measures to maintain a safe environment for employees and the individuals under our charge. Therefore, anyone coming to summer camp will be screened and part of our screening process will include taking their temperature and asking the following questions.

1. Within the last 14-days, have you experienced a **new cough** that you cannot attribute to another health condition?
 YES
 NO

2. Within the last 14-days, have you experienced **new shortness of breath** that you cannot attribute to another health condition?
 YES
 NO

3. Within the last 14-days, have you experienced a **new sore throat** that you cannot attribute to another health condition?
 YES
 NO

4. Within the last 14-days, have you experienced **new muscle aches** that you cannot attribute to another health condition or a specific activity such as physical exercise?
 YES
 NO

5. Within the last 14-days, have you had a **temperature at or above 100.4°**?
 YES
 NO

6. Within the last 14 days, have you had **close contact with someone who is currently sick** with suspected or confirmed COVID-19? (*Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes*)
 YES
 NO

7. Within the last 14 days, have you **returned from an area with substantial community spread**, including New York, New Jersey or Connecticut, or from international travel or a cruise?
 YES
 NO

If the individual answers YES to any of the questions they will not be allowed into the facility. Write the camper's name on this form, and record the date and time. Camp participation for these individuals must be authorized in writing from their doctor.