

Health Screening: Camper and Counselor

Health screening of youth campers and their counselors is required per
 Title 17, Section 30750 of the California Code of Regulations.
 Forest Home requires, these must be done prior to arriving at camp.

Church Group _____

Camp Dates _____

Health Questions for Each Camper and counselor attending: Circle any 'yes answers' on line below for each camper and counselor. **Circle "N/A" under if nothing applies to the camper.**

- 1- Any fever (Oral temp 100.4 or greater) **Must not attend camp due to covid –19.**
- 2- Sore Throat with fever? **Must not attend camp due to covid –19.**
- 3- Severe Headache? Migraines- may attend camp.
- 4- Nausea and or Vomiting in past 24 hours? **Must not attend camp due to covid –19.**
- 5- **Flu or flu like symptoms** (fever, sore throat, cough, weakness, fatigue, sneezing, nausea, body aches) **Must not attend camp due to covid –19.**
- 6- Have you been exposed to any contagious disease in the past week? (Covid-19, Mono, strep, Flu...) If symptoms present at camp, camper will need to go home.
- 7- Diarrhea in the past 24 hours?
- 8- Severe itching of scalp? (Lice symptoms) Check for lice, do not send if seen.
- 9- Rash?
- 10- Open draining sores/wounds on skin?

Questions	Counselor and Camper Name (1 name per line)	FH (+) Follow Up
1 2 3 4 5 6 7 8 9 10 NA	Counselor Name:	11 12 13
1 2 3 4 5 6 7 8 9 10 NA	Name:	11 12 13
1 2 3 4 5 6 7 8 9 10 NA	Name:	11 12 13
1 2 3 4 5 6 7 8 9 10 NA	Name:	11 12 13
1 2 3 4 5 6 7 8 9 10 NA	Name:	11 12 13
1 2 3 4 5 6 7 8 9 10 NA	Name:	11 12 13
1 2 3 4 5 6 7 8 9 10 NA	Name:	11 12 13
1 2 3 4 5 6 7 8 9 10 NA	Name:	11 12 13
1 2 3 4 5 6 7 8 9 10 NA	Name:	11 12 13
1 2 3 4 5 6 7 8 9 10 NA	Name:	11 12 13
1 2 3 4 5 6 7 8 9 10 NA	Name:	11 12 13

Follow Up by Forest Home staff:

11. Placed in isolation/Parents contacted
12. Sent Home
13. Cleared to stay

Camp Center staff Initials _____