



# Blandford Nature Center Covid-19 Symptom Screening for Summer Camp

Please answer all questions on behalf of your camper and your household members. This symptom screening must be completed prior to the camp session your camper will be attending. If the symptom screening is not completed Blandford Nature Center reserves the right to cancel your camper's registration. ALL INFORMATION IS CONFIDENTIAL.

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information (phone and email): \_\_\_\_\_

**Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any fever or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.**

COVID-19 Symptoms: Cough, shortness of breath, fever (100.4 or higher), chills, muscle pain, sore throat, loss of taste or smell, nausea, vomiting, diarrhea.

Start date of temperature and symptom screening: \_\_\_\_\_

Day:	14	13	12	11	10	9	8
Temp: (write)	Temp: _____	Temp: _____	Temp: _____	Temp: _____	Temp: _____	Temp: _____	Temp: _____
Symptom: (Circle yes or no)	Symptoms Y/N	Symptoms Y/N	Symptoms Y/N	Symptoms Y/N	Symptoms Y/N	Symptoms Y/N	Symptoms Y/N
Day:	7	6	5	4	3	2	1
Temp: (write)	Temp: _____	Temp: _____	Temp: _____	Temp: _____	Temp: _____	Temp: _____	Temp: _____
Symptom: (Circle yes or no)	Symptoms Y/N	Symptoms Y/N	Symptoms Y/N	Symptoms Y/N	Symptoms Y/N	Symptoms Y/N	Symptoms Y/N

Please initial:

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before the start of camp. \_\_\_\_\_
2. No one in our household has been sick in the last 14 days prior to camp. \_\_\_\_\_
3. My child has adhered to our state's guidelines regarding COVID-19. \_\_\_\_\_

My signature indicates that we have completed this health screening daily for 14 days prior to camp and to the best of my ability.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_