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| --- |
| Date |
| Camp ID |

Youth Camp

Daily Log of Camper and Staff COVID-19 Entry Health Screening

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff/Camper Name | Staff | Camper | Temperature upon arrival (Exclude of 100.4°F or Higher) | Fever Reducing Medication Administered? | Symptoms (Fever, Cough, Shortness of Breath)? | Household Members with Symptoms of Fever, Cough, Shortness of Breath? | Close Contact with Anyone Diagnosed with COVID-19 in the Past 14 Days? | Excluded? |
| 1. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 2. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 3. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 4. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 5. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 6. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 7. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 8. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 9. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 10. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 11. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 12. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 13. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 14. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 15. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 16. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 17. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 18. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 19. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 20. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 21. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 22. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 23. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 24. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
| 25. |  |  | No Yes | No Yes | No Yes | No Yes | No Yes | No Yes |
|  |  |

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| --- |
| Camp Name |

Complete the checklist below for each staff member and child prior to entering or being admitted to the camp daily.

Only staff and campers exhibiting symptoms consistent with COVID-19 should be documented and refused entry.

Totals