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| Date      |
| Camp ID      |

Youth Camp

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

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| 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