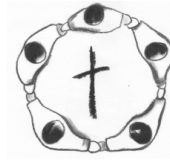


Name: _____

Date: _____

Position (Camper or Staff): _____



Special Camp
a ministry of JEMS

JEMS Special Camp Health Screening Form

Because of the very real risk to the entire camp posed by any camp attendee who brings a communicable disease or contagion with him/her to camp, each camp attendee will be screened prior to being permitted entry to camp. Having a contagious disease spread throughout camp has the potential to cut short the week of camp for all attendees.

With this in mind, please answer the following questions on this form as thoroughly as you can, immediately prior to the start of camp. (The first day of camp is June 30, 2024.) Please use the back side of this form to provide additional information/explanation, if/as needed.

Have you (or your camper, if completing this form on behalf of a camp attendee) shown any of the following contagious symptoms within five (5) days prior to camp arrival:

	Yes	No
Vomiting		
Diarrhea		
Severe itching of body or scalp		
Open sore on skin		
Severe headache		
Any of the following: fever, sore throat, cough, weakness, fatigue, nausea, body aches, body chills, or sneezing/congestion not associated with seasonal allergies		
Positive antigen test for COVID-19		

Have you/your camper been exposed to any known contagious disease in the last week?

Yes No If yes, please explain: _____

Have you/your camper had any recent injuries that would prevent you/him/her from performing any camp activities?

Yes No If yes, please explain: _____

Do you/your camper have any healing injuries, open cuts/sores or severe bruises?

Yes No If yes, please explain: _____

I understand that arriving at camp with recent contagious symptoms could put the entire camp at risk for infection. I commit to delaying my arrival to camp until I have been symptom-free for five (5) days and negative COVID-19 antigen test prior to camp arrival. I acknowledge that if I come down with symptoms after camp arrival, I will be put into isolation to contain the spread of the infectious agent and must leave camp within four (4) hours to isolate at own expense. If applicable, I (as caregiver) shall be contactable and available to pick up ill attendee immediately and at my own expense.

Signature

Date

Reviewed by: _____ Date reviewed: _____