



Basic Covid 19 Screening Questions

Are you currently feeling sick or not well?	Yes	No
Do you currently have any of the following symptoms?		
*Fever specify 100.4 or higher or chills	Yes	No
*Difficulty breathing	Yes	No
*New or worsening cough	Yes	No
*Loss of taste, smell or appetite	Yes	No
*Sore Throat	Yes	No
*Vomiting or diarrhea	Yes	No
*Stomach pain	Yes	No
*Body aches	Yes	No
*Pain, rash or swelling of fingers or toes	Yes	No
*New rash or other skin symptoms	Yes	No
*Have you been in close contact with anyone that has tested positive for COVID-19?	Yes	No

Signature _____

To be completed on site at camp:

Temperature Check: _____ Person Administering _____

signature