

Camp Alta Mons Winter Camp 2021 7 Day Pre-Camp Health Screen Form

| | Day 7 (before camp) | Day 6 (before camp) | Day 5 (before camp) | Day 4 (before camp) | Day 3 (before camp) | Day 2 (before camp) | Day 1 (before camp) |
|---------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Camper Name: | | | | | | | |
| Household Member 1: | | | | | | | |
| Household Member 2: | | | | | | | |
| Household Member 3: | | | | | | | |
| Household Member 4: | | | | | | | |
| Household Member 5: | | | | | | | |

For the 7 days before your arrival at Camp Alta Mons, indicate with a check mark that you and everyone in your household meets the following criteria:

- 1) Experiencing NONE of the following known symptoms of COVID-19: new cough, shortness of breath or difficulty breathing, fever of 100.4 or greater, chills, muscle pain, sore throat, new loss of taste or smell, nausea/vomiting/stomach ache, diarrhea, severe headache
- 2) Have NOT come into contact with anyone displaying the symptoms listed above or anyone diagnosed with COVID-19.
- 3) Have adhered to your state and local guidelines regarding COVID-19 by masking when appropriate, physically distancing, etc.

By signing this form, I acknowledge that I completed this health screening fully, daily, and to the best of my ability for the 7 days leading up to my arrival at Camp Alta Mons.

Parent/Guardian Signature

Date