

Camp Alta Mons Winter Camp 2022 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