



## Virginia 4-H Pre-Camp Symptom Screening Form

To determine eligibility to use this form please see the attached description for use.

In an effort to reduce exposure and minimize illness at camp, we ask that you check on the health of your household daily beginning 14 days prior to the scheduled camp session and limit close contact outside the household during that time period. The best camp sessions start with healthy campers and this begins at home. The 14- day screening log is located on the back of this form and feel free to make additional copies if needed. Please bring this completed form to camp on opening day.

Name \_\_\_\_\_ Date of Camp \_\_\_\_\_

Unit/City/County \_\_\_\_\_

### Please fill out this box before arriving for your household

#### Symptoms

- Cough
- Shortness of breath
- Difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

For the individual attending (adult, teen, or camper) please initial. For youth under 18 a parent or guardian will need to initial.

1. Members of our household have not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial \_\_\_\_\_

2. No one in our household has been sick in the 14 days prior to camp. Initial \_\_\_\_\_

3. Members of our household have not traveled by air or attended large group events in the 14 days prior to camp. Initial \_\_\_\_\_

4. Members of our household have adhered to our state's guidelines regarding COVID19.

Initial \_\_\_\_\_

*My signature indicates that I completed this health screening daily for 14 days prior to camp and to the best of our ability. I understand that arriving to camp healthy is vital to a healthy camp for all campers and failure to provide this document or complete the onsite screening may be grounds for dismissal.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Virginia Cooperative Extension

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Please indicate any of the following symptoms prior to camp and record a temperature daily of each family member in the household. If any temperature or symptoms are present, please have your camper/family member evaluated by a licensed provider and contact camp for further guidance. You may copy this form if additional space is needed for your household.

**Symptoms**

- Cough
- Shortness of breath
- Difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Start date of Temperature/symptom screening: \_\_\_\_\_

**Please list temperature each day and yes/no for symptoms.** If yes please provide additional information below.

Name	Day 14	Day 13	Day 12	Day 11	Day 10	Day 9	Day 8	Day 7	Day 6	Day 5	Day 4	Day 3	Day 2	Day 1
	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp
	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp
	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp
	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp
	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp
	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp
	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp	Temp
	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp	Symp

Symptoms explanation \_\_\_\_\_