

Five Day Health Monitor

1. Please have both this form and your molecular PCR test results available as you arrive at camp.
2. Remember, your camper must wait until at maximum 72 hours prior to check in to take their PCR Test.

CAMPER NAME: _____

The camper is: Fully vaccinated Unvaccinated

Section 1

COVID-19 MOLECULAR PCR TEST

- The camper has completed a Covid -19 PCR test in the 72 hours prior to arrival.
 I have circled where the attached test results note this as a PCR test.

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Section 2

DAILY TEMPERATURE CHECK

Please record the camper's temperature for five days prior to your camp arrival.
Do not take your PCR test any earlier than day 3.
Remain quarantined day 3 through arrival.

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Day 1	Day 2	Day 3 Test & Quarantine	Day 4 Quarantine	Day 5 Quarantine	Arrive Quarantine
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP AT CAMP

Section 3

SYMPTOMS IN THE PRIOR FIVE DAYS - circle any that apply to this participant

Has the camper experienced fever (above 100.4 F), change in taste or smell, cough, change in appetite, shortness of breath, body aches, headache or generally not feeling well?

- The camper has been symptom free for the prior five days.

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Section 4

CONTACT HISTORY - circle any that apply to this participant

Has the camper or a member of their household been in close contact with someone exposed to Covid 19 in the last ten days?

- The camper has not been exposed as described above.

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I, the parent or guardian, acknowledge that I have filled out this form truthfully and to the best of my ability.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____