



LCC Pre-Camp Health Screening COVID-19 (STAFF)

Staff name: _____

In an effort to promote a healthy camp community, all staff must take a daily record of their health, beginning 14 days prior to arrival at Staff Training. It is essential that our time together in Staff Training be as healthy as possible to allow for a successful summer. Complete this form and return it to camp when you arrive for Staff Training. While a health record for *other members* of your household is not required, it is **strongly advised** that the health of all household members be monitored during this time.

Use the chart below to record daily temperature readings and presence of symptoms. Symptoms of COVID-19, which should be indicated, include:

- Cough
- Shortness of breath/difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Start date of Pre-Camp Health Screening: ___ / ___ / ___

Days Until Camp	14	13	12	11	10	9	8
Temperature							
Symptoms							
Days Until Camp	7	6	5	4	3	2	1
Temperature							
Symptoms							

If you record temperatures above 100 degree and/or presents COVID-19 symptoms, please schedule an evaluation by a licensed provider and contact camp for further guidance.

1. Have you been around anyone presenting any of the listed symptoms or anyone diagnosed with COVID-19 in the 14 days prior to arrival at camp?
Yes____ No____
2. Has anyone in your household been sick in the 14 days prior to arrival at camp?
Yes____ No____
3. Have you traveled by air or out of state in the 14 days prior to arrival at camp?
Yes____ No____
4. Have you adhered to Pennsylvania state guidelines regarding COVID-19?
Yes____ No____
5. Are you vaccinated for COVID-19?
Yes____ No____
6. Do you have evidence of a negative COVID-19 test in the 3 days prior to arrival at camp?
Yes____ No____

Signature: _____ Date: _____