# Arriving Camper / Staff / Volunteer Screening Certification Form (during camping session)

Campers, Staff and Volunteers are REQUIRED to complete and submit this form upon arrival and daily while on the grounds of CAMP IROQUOINA.

- **BACKGROUND**

HIS Camps, Inc. d.b.a Camp Iroquoina is committed to providing a safe and healthy campers and staff. The goal of our Phased Re-entry plan is to mitigate the potential for transmission of COVID-19 in our camp environment and community by adhering to federal and state guidelines and other best practices. According to the CDC, people with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-10 days after exposure to the virus.

**I attest that:**

**Pre-Camp WELLNESS**

- I am not feeling ill today.
- I do not have a fever.
- I have not tested positive for COVID-19 within the past two weeks.
- I have not traveled internationally within the last 14 days.
- I have not been in close contact (within the past 48 hours) with:
  - A person who either tested positive for COVID-19
  - A person who has been diagnosed for COVID-19
  - A person with COVID-19 who you are caring for or with whom you reside.

***IF YES TO ANY OF THE ABOVE DO NOT COME TO CAMP***

**COVID VACCINATION**

**I have received one of the following approved vaccinations:**

- **Pfizer:**
  - **1st Shot Date: _____** **2nd Shot Date: _____**
- **Mederna:**
  - **1st Shot Date: _____** **2nd Shot Date: _____**
- **Johnson and Johnson:**
  - **Only Shot Date:**

## Daily Camp WELLNESS

- I am not experiencing the following symptoms:
  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea

This list does not include all possible symptoms. The CDC will continue to update this list as it learns more about COVID-19.

Any camper/staff/volunteer, who is experiencing COVID-19 symptoms while at Camp was in a situation with a higher risk of COVID-19 exposure, ***MUST REPORT IMMEADIATELY TO THE CAMP NURSE*.**

## ACKNOWLEDGEMENT

I acknowledge that the CDC and public health authorities continue to recommend: washing hands, using tissues when coughing or sneezing, avoiding touching face, wearing facial coverings (indoors), and practicing social distancing.

**CERTIFICATION** (circle one below)

- Yes, I attest to the wellness statements listed above.
- No, I do not attest to the wellness statements listed above.

Signed: _____ Date: _____

First Name Last Name

Print: _____

First Name Last Name