



HEALTH SCREENING

CHURCH NAME: _____ DATE: _____

LEADER'S NAME: _____ CELL: _____

Health screening of youth campers and their leaders is required by the Health Department.

Our goal is to keep everyone healthy at camp. Camp is fun because we all get to hang out together and sleep in the same cabin, but it does present some issues with illnesses that can easily spread. We want all of your students to be able to attend, however, that might not be possible. Please use common sense when deciding whether a camper/ leader is healthy enough to attend camp.

Please complete EITHER the DAY BEFORE DEPARTURE or THE MORNING OF DEPARTURE.

Please ask **EACH CAMPER AND LEADER** attending camp the following health questions:
Have you experienced any of the following symptoms within the last 24 hours?

1. Any fever? (Oral temp 100.4 or greater) **Students with fever must not attend camp.**
2. Flu or flu-like symptoms with fever? (sore throat, cough, weakness, fatigue, sneezing, nausea, body aches) **Students with flu symptoms must not attend camp.**
3. Persistent nausea and or vomiting in the past 24 hours? **Must not attend camp.**
4. Diarrhea in the past 24 hours? **Ask additional questions.**
5. Severe itching of scalp? (Lice symptoms) **Check for lice, do not send students if seen.**
6. Rash? **Ask additional questions.**
7. Open draining sores/wounds on skin? **Ask additional questions.**
8. Have you been exposed to any contagious disease in the past week? (Mono, strep, stomach bug, flu, etc) **If symptoms present at camp, the camper must be sent home.**

**If you or your campers/leaders answered yes to any of the above, please do a further investigation. If the student feels well, the symptoms are clear now or are deemed non-communicable, then they may attend camp.

Then list their name, the issue and the action taken.

Name/ question # concerned:

Action Taken:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOR PONDO USE ONLY:

FOLLOWUP ACTION TAKEN: A- CLEARED TO ATTEND CAMP/ B- ISOLATED FOR FURTHER OBSERVATION/ C- SENT HOME/ DID NOT ATTEND CAMP

HEALTH TECH INITIALS: _____