Camper/Staff Name _____

COVID-19 Prescreening Tool

This tool is to be used by campers and/or staff 14 days immediately before arrival at camp. The intent is to create a conscious effort for self-examination of potential symptoms. Campers and staff are encouraged to bring this document share during the initial health screening process at camp.

Screening Element	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Temperature ? Please take & list temperature each day							
For the Following, please indicate "Y" for Yes or "N" for No on each day							
Cough?							
Headache?							
New Shortness of breath or difficulty breathing ?							
Fever? (is indicated by a temperature of above 100.4 degrees)							
Chills?							
Muscle Aches?							
New loss of taste or smell?							
Nausea, vomiting, or diarrhea?							
Exposed to someone ill or someone who has COVID –19 or is presumptive positive?							
International travel or travel to a state that is a quarantine after state for the state of Kansas within the last two weeks?							