



CEDAR BAY[®]
CAMP & RETREAT CENTER

Cedar Bay Pre-Arrival Health Screening

In an effort to minimize illness at camp we ask that each family unit complete this form and present it at check-in. This form must not be filled out more than 24 hours prior to your arrival.

Family name: _____

Date filled out: _____

Please indicate if you or a family member in attendance have experienced any of the symptoms below prior to your arrival:

- a temperature > 100.0 F* (37.8 C) _____
- a new or worsening cough _____
- new or worsening shortness of breath _____
- a sore throat _____
- muscle pain or soreness (not due to exercise or overexertion of muscles) _____
- Diarrhea _____ (Past 24 hours)
- Vomiting _____ (Past 24 hours)

If any symptoms are present, please contact Cedar Bay for further guidance.

Additional Questions - if you answer YES to the questions below, please contact Cedar Bay for further guidance.

Has anyone in your home been tested for COVID19 in the past 14 days? _____

Has anyone in your household had close contact with anyone with any of the listed COVID19 symptoms, or diagnosed of COVID19 in the 14 days prior to arrival at Cedar? _____

Has anyone in your household had any of the symptoms and/or a fever over 100.0 F* in the 14 days prior to arrival at Cedar? _____

We understand that arriving to Cedar Bay healthy is vital to the health of Cedar Staff and all others in attendance.

Parent Signature: _____

Date: _____