



# 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: \_\_\_\_\_