HEALTH SCREENING FORM

		☐ Camper ☐ Staff
Last N	ame -	First Name Middle Initial
Camp	Name	
Arriva	Date	Departure Date ·
Califor	nia Cod	ning of campers and staff is critical to prevent an illness outbreak from starting. Per Title 17, Section 30750 of the de of Regulations, screening shall be conducted by a qualified staff member for all campers under the age of 18 who panied by a parent or guardian within 24 hours of arrival at camp. <u>It is recommended, pre-screening of campers and</u>
		prior to arriving at camp to prevent the spread of illness. Records of health screenings and procedures must be
		the camp.
ine sc	reening	should include the following inquiries:
No	Yes	Health History
e * 🔲		Have you been exposed to any known contagious disease in the last week?
		If yes, please explain:
		Has a copy of the staff/camper immunization record been obtained?
No	Yes	Have you shown any of, or been in contact with others who exhibited, the following symptoms within the past 24 to 48 hours prior to camp arrival?
		Fever (oral temperature 100.4°F or above)
		Sore throat with fever
		Vomiting
		Diarrhea
		Severe itching of body or scalp
		Open draining sore on skin
		Severe headache
		Flu or flu like symptoms (fever, sore throat, cough, weakness, fatigue, sneezing, nausea, body aches)
		Rash
	N	
No	Yes	Result of the health screening:
		Attended camp
		Quarantined at camp in the isolation area
		Sent home/did not attend camp
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Signature of Health Supervisor