Pre-Camp Health Screening Form

Name: _____   Group Dates: _____

CETA CANYON
CAMP & RETREAT CENTER
A SPECIAL PLACE WHERE GOD IS EXPERIENCED
AND LIVES ARE CHANGED.

Dear Guests,

In an effort to minimize illness at camp, we request that you check on your heath daily beginning 14 days prior to camp. We want everyone's experience to be a healthy one and this begins at home. Please bring this completed form to camp on the day of arrival and submit at check in.

Please indicate if you have had any of the following symptoms prior to camp. If any temperature or symptoms are present, please be evaluated by a licensed health provider and contact your church or group leader for further guidance.

Symptoms:

- ❑ Cough
- ❑ Shortness of breath or difficulty breathing
- ❑ Fever
- ❑ Chills
- ❑ Repeated shaking with chills
- ❑ Muscle pain
- ❑ Headache
- ❑ Sore throat
- ❑ Loss of taste or smell
- ❑ Diarrhea
- ❑ Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit

To be completed by parent/legal guardian if under 18.

1. I have not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before the start of camp.

    Initial _____

2. No one in our household has been sick in the 14 days prior to camp.

    Initial _____

3. I have not traveled by air, ship or traveled out of the U.S. in the 14 days prior to camp.

    Initial _____

4. I have not exhibited a temperature greater than or equal to 100.0 degrees Fahrenheit.

    Initial _____

Signature below indicates this health screening was completed daily for 14 days prior to camp and to the best of my ability. I understand that arriving to camp healthy is vital to a healthy camp for myself, my family, and all persons at the camp. I understand that I will not be permitted to attend the camp if, within 14 days of arrival date, I have recorded a temperature of 100.0 degrees or higher, exhibited any health symptoms indicated above, or have been exposed to Covid-19 or increased risk thereof due to travel or exposure per the representations in this form.

_____   _____
Signature of Parent or Legal Guardian   *Date*