



STAFF & COACHES: PRE-CAMP HEALTH SCREENING FORM

This form is required to be completed prior to your arrival to camp and submitted during check-in before entering the property.

NAME: _____

CAMP SESSIONS WORKING / CHECK ALL THAT APPLY:

(Date) to start recording your temperature - See section 3 for details*

- LIFEGUARD TRAINING: JULY 1-3 (6/17)
- CO-ED ROOKIE 2: JULY 14-17 (6/29)
- TL TRAINING: JULY 5-7 (6/21)
- CO-ED SPORTS CAMP: JULY 19-23 (7/4)
- CO-ED ROOKIE 1: JULY 9-12 (6/24)
- CO-ED SOCCER CAMP: JULY 26-30 (7/11)

1. QUARANTINE CHECK

While we are not requiring staffers to self-quarantine prior to camp, we are STRONGLY encouraging at least a 7-day quarantine. A 7 or 14-day self-quarantine will go a long way in helping protect you & campers from COVID-19.

Have you self-quarantined for 7 days prior to camp? Y N
Have you self-quarantined for 14 days prior to camp? Y N

2. SYMPTOMS IN THE LAST TWO WEEKS

Check all that apply to you:

- Cough
- Fever (>100°F)
- Chills
- Muscle Aches
- Shortness of Breath
- Sore Throat
- Diarrhea
- Headache
- New Loss of Taste or Smell
- Nausea or Vomiting
- Congestion or Runny Nose

If any apply, please call 956-245-1094 or email christian@swcm.org before arrival.

I HAVE BEEN SYMPTOM FREE FOR THE PAST 14 DAYS.

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3. TEMPERATURE CHECKS

START MONITORING & RECORDING YOUR TEMPERATURE BASED ON YOUR CAMP ARRIVAL DATE ABOVE

<p>IN OUR PARTNERSHIP TOGETHER TO PREVENT THE SPREAD OF THIS VIRUS, WE ARE REQUIRING STAFF TO DOCUMENT THEIR TEMPERATURES DAILY FOR 14 DAYS PRIOR TO CAMP. PLEASE FILL IN THE SPACES BELOW FOR EACH DAY.</p>	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
	TEMP	TEMP	TEMP	TEMP	TEMP	TEMP	TEMP
	DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
	TEMP	TEMP	TEMP	TEMP	TEMP	TEMP	TEMP

I HAVE BEEN FEVER FREE FOR THE PAST 14 DAYS.

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4. CONTACT HISTORY

1. Have you been diagnosed with COVID-19 or a related illness? Y N
2. Have you been in close contact with someone diagnosed with or suspected of having COVID-19? Y N
3. Have you been in close contact with anyone that has been exposed to another person with COVID-19? Y N
4. Have you traveled or been outside the state of Texas in the past two weeks? Y N
If yes, where did you go & when? _____
5. Have you attended any large group functions of 10+ people in the two weeks prior to camp? Y N If yes, where & when? _____

If any apply, please call 956-245-1094 or email christian@swcm.org before arrival.

I ATTEST ALL THESE QUESTIONS HAVE BEEN ANSWERED TRUTHFULLY.

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5. PRE-EXISTING ILLNESSES

Check all that apply to you:

- Cardiovascular Disease
- Respiratory Disease (including Asthma)
- Diabetes
- Immunocompromised

**Please Note: Individuals with pre-existing conditions such as cardiovascular disease, respiratory disease (including asthma), diabetes, and immunodeficiencies are at an increased risk of severe illness if COVID-19 is contracted. By signing below, you are acknowledging that you understand that pre-existing illness increases the implied risk of COVID-19.*

I UNDERSTAND THE INCREASED RISK WITH PRE-EXISTING ILLNESSES.

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The health and safety of our staff & campers is our highest priority. In light of the COVID-19 pandemic, we are focused on taking all reasonable measures to prevent the spread of COVID-19 at camp and ask you do your part in completing the pre-camp health check. We have strengthened our standard cleaning procedures, while adding increased frequency measures for things such as wiping down common touch points, dining areas, and activity equipment. Additionally, we have taken measures to monitor and address symptomatic staff & campers with daily temperature checks and health screenings of all.

SIGNATURE _____
 PARENT/GUARDIAN SIGNATURE (IF UNDER 18) _____
DATE _____



FOR QUESTIONS OR CONCERNS, PLEASE CONTACT CHRISTIAN CANTU, DIRECTOR OF CAMPING AT CHRISTIAN@SWCM.ORG OR 956-245-1094 OR LANEY, DIRECTOR OF STAFFING AT LANEY@SWCM.ORG OR 888-361-2631 EXT 2.