



Crossings Ministries Pre-Camp Screening Checklist

Please complete this form prior to arriving at camp in.

*****You MUST turn this form in upon arrival at camp.*****

Participant Name _____

Church Group Name _____

Arrival Survey

Please answer these questions prior to your arrival at camp. Anyone showing symptoms of COVID-19 or who may have been exposed to COVID-19 can not attend camp.

1. Has the participant had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19 or has any health department been in contact with your family/household and advised them to quarantine?

Yes. The participant is **not permitted** to attend camp.

No. The participant may attend camp if they are not experiencing symptoms (see question 2).

2. In the past 14 days, has the participant had any of these symptoms? (Circle one)

- **Yes** **No** Fever
- **Yes** **No** Chills
- **Yes** **No** Shortness of breath or difficulty breathing
- **Yes** **No** New cough
- **Yes** **No** New loss of taste or smell

If the participant has had any of these symptoms, he/she is not permitted at camp and should consider calling their health care provider.

Participants with Prior COVID-19 Diagnosis

If the participant has previously had a positive diagnosis/COVID-19 test, you may attend camp when you can answer YES to ALL five questions below:

1. **Yes** **No** Has it been at least 10 days since you first had symptoms?
2. **Yes** **No** Has it been at least 3 days since you have had a fever (without using fever reducing medicine)?
3. **Yes** **No** Has it been at least 3 days since your symptoms have improved, including cough and shortness of breath?
4. **Yes** **No** Can you affirm that you have not had close contact (within 6 feet for at least 15 minutes) with someone diagnosed with COVID-19 in the past 14 days?
5. **Yes** **No** Can you affirm that your family/household is not under quarantine orders from the health department?

By my signature, I attest that all information recorded on this form is accurate and truthful and that myself or my child is eligible to attend camp based on the criteria given.

Parent/Guardian Name

Signature

Date