

PRINT NAME: _____ DATE OF BIRTH: _____

COVID-19 SELF-SCREENING

I do not have any of these life-threatening symptoms.

- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone
- Severe and constant pain or pressure in the chest
- Extreme difficulty breathing (such as gasping for air, being unable to talk without catching your breath, severe wheezing, nostrils flaring)
- New disorientation (acting confused)
- Unconscious or very difficult to wake up
- Slurred speech or difficulty speaking (new or worsening)
- New or worsening seizures
- Signs of low blood pressure (too weak to stand, dizziness, lightheaded, feeling cold, pale, clammy skin)
- Dehydration (dry lips and mouth, not urinating much, sunken eyes)

I do not feel sick.

In the last two weeks, I have not been in close contact with someone who has COVID-19. (excluding people who have had COVID-19 within the past 3 months)

You have been in close contact if you have...

- a. been within 6 feet of someone who has COVID-19 for a combined total of 15 minutes or more over a 24 hour period or
- b. provided care at home to someone who is sick with COVID-19 or
- c. had direct physical contact (hugged or kissed) with someone who has COVID-19 or
- d. shared eating or drinking utensils with someone who has COVID-19 or
- e. been sneezed on or coughed on by someone who has COVID-19

I do not live in a long-term care facility, nursing home, or homeless shelter.

In the last two weeks, I have not worked or volunteered in a healthcare facility or as a first responder. (Healthcare facilities include a hospital, medical or dental clinic, long-term care facility, or nursing home)

If you cannot affirm these statements or have reasonable concern about your health and safety, we kindly ask that you not attend camp this summer. Attendance at camp is acknowledgment that you accept any and all risk associated with attending summer camp during a pandemic. If you have any questions, please contact us at 1-603-529-0001.

SIGNATURE: _____ TODAY'S DATE: _____