



COVID-19 Questionnaire Check List

Camper Name: _____ Session Attending: _____

Current residence: _____

HEALTH INFORMATION:

Are there any pertinent health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

YES, and I have discussed employment/volunteering at camp with my healthcare provider including considerations related to risk of COVID-19

Explain health problems and any considerations:

Do you have any of the following symptoms?

- Fever (I felt like I had a fever, or my measured temperature was 100 degrees F or higher)
- New Cough
- New Shortness of Breath
- New Sore Throat
- Vomiting
- Diarrhea
- Loss of taste/smell
- Body aches
- Quarantined by Provider/waiting on COVID19 testing results
- None

_____ Date of last COVID19 Test _____ Results of last COVID19 Test

Name of Vaccine: _____ Date of 1st Dose: _____ Date of 2nd Dose: _____

I have spoken with my health care provider and understand the potential exposures of COVID19 while at Camp Fairlee.

_____ PLEASE INITIAL

Parent or Guardian's Name (Printed):

Date:

Parent or Guardian's Name Signature:

Date:

