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|---|---|--------------|---------------|---------------|---------------|---------------|---------------|--|
| | Camp Decorah - Summer 2020 - PreCamp Health Checklist | | | | | | | |
| | Form should be completed and brought with to check-in. | | | | | | | |
| | PreCamp Health Checklist is <u>required</u> for all Campers (youth & adults) and visitors | | | | | | | |
| | Complete this for the program you are attending. | | | | | | | |
| Name: | | | | | | | | |
| Unit: | | | | | | | | |
| Session: | | | | | | | | |
| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | |
| Week 1 PreScreen | | | | | | | | |
| Provide Daily Temperature | | | | | | | | |
| Answer Y/N | | | | | | | | |
| Fever or chills | | | | | | | | |
| Cough | | | | | | | | |
| Shortness of breath or difficulty breathing | | | | | | | | |
| Fatigue | | | | | | | | |
| Muscle or body aches | | | | | | | | |
| Headache | | | | | | | | |
| New loss of taste or smell | | | | | | | | |
| Sore throat | | | | | | | | |
| Congestion or runny nose | | | | | | | | |
| Nausea or vomiting | | | | | | | | |
| Diarrhea | | | | | | | | |
| | | | | | | | | |
| Week 2 PreScreen | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 | |
| Provide Daily Temperature | | | | | | | | |
| Answer Y/N | | | | | | | | |
| Fever or chills | | | | | | | | |
| Cough | | | | | | | | |
| Shortness of breath or difficulty breathing | | | | | | | | |
| Fatigue | | | | | | | | |
| Muscle or body aches | | | | | | | | |
| Headache | | | | | | | | |
| New loss of taste or smell | | | | | | | | |
| Sore throat | | | | | | | | |
| Congestion or runny nose | | | | | | | | |
| Nausea or vomiting | | | | | | | | |
| Diarrhea | | | | | | | | |