



HEALTH SCREENING FORM

Thanks for partnering with us! We are grateful to have your child with us this summer. Please print and complete this form for EACH camper.

This form will be requested at check-in on Opening Day and should be completed prior to your child's drop off time. Following the guidelines laid out on this form is the best way you can partner with us to ensure the health and safety of all of our campers.

CAMPER NAME: _____ CAMP / SESSION: _____

PARENT/GUARDIAN NAME: _____ PARENT CELL: _____



10-DAY INCREASED PRACTICE OF SOCIAL DISTANCING:

BEFORE your child's arrival at T Bar M, we encourage campers to exercise 10 days of an increased practice of social distancing to reduce their risk of exposure to COVID-19. By practicing good social distancing, we mean avoiding large crowds/gatherings and limiting unnecessary travel. When unable to social distance, we encourage campers to wear a mask per CDC recommendations.

MY CHILD HAS EXERCISED 10-DAYS OF GOOD SOCIAL DISTANCING INITIAL HERE



7-DAY TEMPERATURE CHECK

A part of the screening process includes a seven day temperature check prior to your child's arrival at T Bar M. This can be recorded below. We recommend checking and recording your child's temperature at the same time each day, preferably in the morning.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE

MY CHILD HAS BEEN FEVER-FREE FOR THE PAST 7 DAYS INITIAL HERE

SYMPTOMS IN THE LAST TWO WEEKS — Check any that apply to your camper:

- | | |
|---|---|
| <input type="checkbox"/> COUGH | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> SHORTNESS OF BREATH OR
DIFFICULTY BREATHING | <input type="checkbox"/> LOSS OF TASTE OR SMELL |
| <input type="checkbox"/> CHILLS | <input type="checkbox"/> DIARRHEA |
| <input type="checkbox"/> REPEATED SHAKING WITH CHILLS | <input type="checkbox"/> FEELING FEVERISH OR A MEASURED
TEMPERATURE GREATER THAN OR EQUAL TO
100.0 DEGREES FAHRENHEIT |
| <input type="checkbox"/> MUSCLE PAIN | <input type="checkbox"/> KNOWN CLOSE CONTACT WITH A PERSON WHO
IS LAB CONFIRMED TO HAVE COVID-19 |
| <input type="checkbox"/> HEADACHE | |

If any above apply to your camper, please email nurse@tbarm.org prior to arrival.

<input type="checkbox"/> MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 10 DAYS	INITIAL HERE
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PRE-EXISTING ILLNESSES — Check any that apply to your camper:

- | | |
|---|--|
| <input type="checkbox"/> CARDIOVASCULAR DISEASE | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> RESPIRATORY DISEASE including ASTHMA | <input type="checkbox"/> IMMUNOCOMPROMISED |

Individuals with preexisting conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. Your camper is welcomed as long as you understand your child's pre-existing illness increases the implied risk of COVID-19.

<input type="checkbox"/> I UNDERSTAND THE IMPLIED RISK OF PRE-EXISTING ILLNESSES	INITIAL HERE
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CONTACT HISTORY — Check any that apply to your camper:


- The individual has a current diagnoses with COVID-19.
- The individual has a close contact that has been in contact with someone exposed to or infected with COVID-19 in the last 10 days.
- The individual has a pending COVID-19 test.

If any above apply to your camper, please email nurse@tbarm.org prior to arrival.

<input type="checkbox"/> I VERIFY THAT I HAVE ANSWERED THESE QUESTIONS TRUTHFULLY	INITIAL HERE
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-----DATE-----
Parent / Legal Guardian Signature

	FOR USE ON OPENING DAY	TEMP HERE
	TEMPERATURE:	