



HEALTH SCREENING FORM

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

This form will be requested at check-in on Opening Day and should be completed prior to your arrival. 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 families.

LAST NAME: _____

CAMP / SESSION: FAMILY CAMP 11

FIRST NAME: _____

PARENT CELL: _____



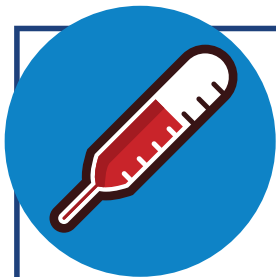
14-DAY INCREASED PRACTICE OF SOCIAL DISTANCING:

BEFORE your families' arrival at T Bar M, we ask each family member to exercise 14 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 ask family members to wear a mask per CDC recommendations.

Approved activities: sports, bike riding, hiking, other outdoor activities and participation in other camp programs following CDC guidelines.

Mask Recommended: indoor activities where social distancing isn't possible, traveling and prolonged close contact with people outside your household.

I HAVE EXERCISED 14-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 families' arrival at T Bar M. This can be recorded below. We recommend checking and recording your 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

I HAVE 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 you, please email nurse@tbarm.org prior to arrival.

<input type="checkbox"/> MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 14 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. You are welcomed as long as you understand your 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 been diagnosed 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 14 days.
- The individual has a household member currently on a watch list for COVID-19 exposure.

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:		