

# HEALTH SCREENING FORM— Screening Guideline

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Arrival Date

\_\_\_\_\_  
Departure Date

Health screening of campers and attending adults is critical to prevent an illness outbreak from starting . Per Title 17, Section 30750 of the California Code of Regulations, screening shall be conducted by a qualified staff member for all campers under the age of 18 who are unaccompanied by a parent or guardian within 24 hours of arrival at camp. It is recommended, pre-screening of campers and staff be done prior to arriving at camp to prevent the spread of illness. Records of health screenings and procedures must be maintained at the camp.

The screening should include the following inquiries:

No

Yes

**Health History**



Have you been exposed to any known contagious disease in the last week?

If yes, have the student or adult explain.

No

Yes

**Have you shown any of, or been in contact with others who exhibited, the following symptoms within the past 24 to 48 hours prior to camp arrival?**



Fever (Oral temperatures 100.4 °F or above)



Sore throat with fever



Vomiting



Diarrhea



Severe itching of body or scalp



Open draining sore on skin



Severe headache



Flu or flu like symptoms (fever, sore throat, cough, weakness, fatigue, sneezing, nausea, body aches)



Rash



Has had a known bed bug or lice infestation within the past month

No

Yes

**Result of the health screening the student or adult should:**



Attended camp



Sent home/not attend camp

\_\_\_\_\_  
Signature of Nurse or Teacher over-seeing screening

\_\_\_\_\_  
Date of Screening

# HEALTH SCREENING FORM—Advisory

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Arrival Date

\_\_\_\_\_  
Departure Date

After completing the screenings. Please notify camp if you decide to send a camper to camp with a known illness, or a camper who is recovering from an illness. You may include other important findings for our nurse as well. Send with the attending teacher. This form must be completed and turned-in upon arrival at camp.

Name: (EXAMPLE: Jane Doe)

Advisory: (Example: Had slight fever over weekend, no fever as of screening, but still feels weak and tired.)

Name:

Advisory:

Name:

Advisory:

Name:

Advisory:

Name:

Advisory:

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Advisory:

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Advisory:

Name:

Advisory:

\_\_\_\_\_  
Signature of Nurse or Teacher over-seeing screening

\_\_\_\_\_  
Date of Screening