

Group Name: _____

Camp Dates: _____

Guest Name: _____



GUEST GROUP HEALTH SCREENING FORM

In order to prevent the spread of illness or pests, per Title 17, Section §30750 of the CA Code of Regulations, a health screening must be conducted by the Group Nurse **no more than 24hrs prior** to arrival for **ALL** individuals under 18yo who are not accompanied by a parent/guardian. Submit these to camp upon arrival.

YES	NO	HEALTH HISTORY
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you been exposed to any known contagious illness/disease in the last 5 days? If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you been out of the state (CA) or country within the last 10 days? If yes, are you currently asymptomatic or recovered from any illness/disease? YES NO If not, do not attend camp.

3. Have you or anyone you have been in close contact with exhibited any of these symptoms within the past 5 days?		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Fever (Temperature \geq 100.4°F or higher). Current temperature: _____
<input type="checkbox"/>	<input type="checkbox"/>	Chills
<input type="checkbox"/>	<input type="checkbox"/>	Dry cough
<input type="checkbox"/>	<input type="checkbox"/>	Lethargy
<input type="checkbox"/>	<input type="checkbox"/>	Body aches
<input type="checkbox"/>	<input type="checkbox"/>	Loss of sense of taste or smell
<input type="checkbox"/>	<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	<input type="checkbox"/>	Nausea or vomiting
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	Severe itchiness of body or scalp, pervasive rash
<input type="checkbox"/>	<input type="checkbox"/>	Open or draining sore on the skin or in the mouth
<input type="checkbox"/>	<input type="checkbox"/>	Severe headache
<input type="checkbox"/>	<input type="checkbox"/>	Has had a bed bug or lice infestation within the last 45 days
<input type="checkbox"/>	<input type="checkbox"/>	I have had a lice check within the last 24hrs and was "cleared".

Guests who are currently symptomatic or those who fail the lice check cannot attend camp until these issues are resolved. Guests who have had an exposure to a contagious illness within the five (5) last days will need explicit approval from Camp to attend. Please contact us before allowing such an individual to go to camp. Report any other important health information to camp before arriving, call (909)-794-2824.

Based on the Health Screening results, this individual may: Attend camp **NOT** attend camp

Signature of Screener

Date of Screening

Name of Screener (print)