Voluntary Pre-Camp Not Required

2022 HEALTH SCREENING FORM

It is Heart of Texas Camp & Retreat goal to provide the best experience with our campers, leaders and churches. We appreciate the partnership with churches and parents and would like your help in preparing your camper for their week. This form is required by **all adults** and **campers** and is to be turned in at check-in and should be completed prior to your child's arrival at camp. Text in **underline blue** refers to adult camper, not camper parent.

Last Name _____ First Name _____

Church Name _____ Date of Birth _____

Date of Camp _____ Parent Name (if filling out for camper) _____

Immediately before your child's (your) arrival at Heart of Texas Camp & Retreat, we ask that campers and adults reduce their risk of exposure to COVID-19. By reducing the risk, we mean limiting exposure to non-family members, wearing a face mask around non-family members, avoiding large crowds/gatherings, and limiting unnecessary travel.

My Camper has (I have) made an honest attempt to reduce the risk. Initial: ____

DAILY TEMPERATURE CHECK

Please record your camper (your) temperature for the seven days leading up to camp.

	Day One	Day Two	Day Three	Day Four	Day Five	Day Six	Day Seven
Date:							
Temp							

My Child has (I have) been Fever free for the past seven days Initial: ____

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

- ☐ Fever (above 100.4º F)
- ☐ Cough
- ☐ Shortness of Breath
- ☐ Body Aches
- ☐ Change in Taste or Smell
- ☐ Generally not feeling well

My Child has (I have) been Symptom free for the past seven days Initial: ____

PRE-EXISTING ILLNESSES — Check any that apply to your camper (you):

- ☐ Cardiovascular Disease
- ☐ Diabetes
- ☐ Immunocompromised
- ☐ Respiratory Disease including Asthma

I Understand the implied risk of Pre-Existing Illnesses Initial: ____

CONTACT HISTORY — Check any that apply to your camper (you):

- ☐ The individual has been diagnosed with COVID-19
- ☐ The individual has been in close contact with some exposed to or infected by COVID-19 in the last 14 days.
- ☐ The individual has a household member currently on a watch list for COVID-19 exposure.

I verify that I have answered these questions truthfully Initial: ____

Ultimately, the choice for your child to attend summer camp at Heart of Texas Camp & Retreat is a personal one, and you are in control. Please feel free to exclude your camper from attending if you are uncomfortable with the risks of COVID-19 in a summer camp setting, having to travel to our locations, or having your child interact with our staff and other campers.

By signing here, I certify all information is true and correct.

Signature: ____

Date: ____