



## Crossings Ministries Pre-Camp Screening Checklist

*Please complete this form prior to arriving at camp in.*

**\*\*\*You MUST turn this form in upon arrival at camp.\*\*\***

Participant Name \_\_\_\_\_

Church Group Name \_\_\_\_\_

### Arrival Survey

**Please answer these questions prior to your arrival at camp. Anyone showing symptoms of COVID-19 or who may have been exposed to COVID-19 can not attend camp.**

1. Has the participant had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19 or has any health department been in contact with your family/household and advised them to quarantine?

**Yes.** The participant is **not permitted** to attend camp.

**No.** The participant may attend camp if they are not experiencing symptoms (see question 2).

2. In the past 14 days, has the participant had any of these symptoms? (Circle one)

- **Yes**    **No**    Fever
- **Yes**    **No**    Chills
- **Yes**    **No**    Shortness of breath or difficulty breathing
- **Yes**    **No**    New cough
- **Yes**    **No**    New loss of taste or smell

If the participant has had any of these symptoms, he/she is not permitted at camp and should consider calling their health care provider.

### Participants with Prior COVID-19 Diagnosis

**If the participant has previously had a positive diagnosis/COVID-19 test, you may attend camp when you can answer YES to ALL five questions below:**

1. **Yes**        **No**        Has it been at least 10 days since you first had symptoms?
2. **Yes**        **No**        Has it been at least 3 days since you have had a fever (without using fever reducing medicine)?
3. **Yes**        **No**        Has it been at least 3 days since your symptoms have improved, including cough and shortness of breath?
4. **Yes**        **No**        Can you affirm that you have not had close contact (within 6 feet for at least 15 minutes) with someone diagnosed with COVID-19 in the past 14 days?
5. **Yes**        **No**        Can you affirm that your family/household is not under quarantine orders from the health department?

**By my signature, I attest that all information recorded on this form is accurate and truthful and that myself or my child is eligible to attend camp based on the criteria given.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date