

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

Camp Dates: \_\_\_\_\_

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



### 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 a qualified, school staff member **no more than 24hrs prior** to arrival for **ALL** individuals (including adults) attending Mile High Pines Camp. Submit these records of health screenings upon arrival to camp.

NO	YES	HEALTH HISTORY
<input type="radio"/>	<input type="radio"/>	<b>Have you been exposed to any known contagious illness/disease in the last 10 days?</b> If yes, explain: _____
<input type="radio"/>	<input type="radio"/>	<b>Have you been out of the state (CA) or country within the last 14 days?</b> If so, are you currently asymptomatic or recovered from any illness/disease?      YES      NO If not, please do not attend camp.

Have you or anyone you have been in close contact with exhibited any of the following symptoms within the past 10 days?		
<input type="radio"/>	<input type="radio"/>	Fever (Temperature $\geq 100.4^{\circ}\text{F}$ or higher). Current temperature: _____
<input type="radio"/>	<input type="radio"/>	Chills
<input type="radio"/>	<input type="radio"/>	Dry cough
<input type="radio"/>	<input type="radio"/>	Lethargy
<input type="radio"/>	<input type="radio"/>	Body aches
<input type="radio"/>	<input type="radio"/>	Loss of sense of taste or smell
<input type="radio"/>	<input type="radio"/>	Sore throat
<input type="radio"/>	<input type="radio"/>	Nausea or vomiting
<input type="radio"/>	<input type="radio"/>	Diarrhea
<input type="radio"/>	<input type="radio"/>	Severe itchiness of body or scalp, pervasive rash
<input type="radio"/>	<input type="radio"/>	Open or draining sore on the skin or in the mouth
<input type="radio"/>	<input type="radio"/>	Severe headache
<input type="radio"/>	<input type="radio"/>	Has had a bed bug or lice infestation within the last 45 days

<input type="radio"/>	<input type="radio"/>	<b>I have had a lice check within the last 24hrs and was "cleared".</b>
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Individuals who are currently symptomatic or those who fail the lice check cannot attend camp until they are cleared of their ailments. Individuals who have had an exposure to a contagious illness within the 10 last days will need approval from Mile High Pines in order to attend camp. Please contact us before allowing such an individual to attend camp. Report any other important health information to camp promptly (909-794-2824 x102).

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

\_\_\_\_\_  
Signature of Screener

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