

School Name: _____

Camp Dates: _____



HEALTH SCREENING FORM

In order to prevent the spread of illness and/or pests, and per Title 17, Section 30750 of the CA Code of Regulations, a Health Screening shall be conducted by a qualified, school staff member **no more than 24hrs prior** to arrival to camp for **ALL** individuals (including adults) attending Mile High Pines Camp. Records of health screenings and procedures must be submitted to and maintained at the camp.

NO	YES	HEALTH HISTORY
<input type="radio"/>	<input type="radio"/>	1. Have you been exposed to any known contagious disease in the last 14 days? If yes, please explain: _____ _____
<input type="radio"/>	<input type="radio"/>	2. Have you been out of the state (CA) or country within the last 21 days? If so, do you have proof indicating that an asymptomatic 14-day quarantine period was completed prior to arrival to camp.
		3. Have you or anyone you have been in contact with exhibited any of the following symptoms within the past 72hrs?
A. <input type="radio"/>	<input type="radio"/>	Fever (Oral temperature of 99.5°F or higher). Current body temp.: _____
B. <input type="radio"/>	<input type="radio"/>	Sore throat
C. <input type="radio"/>	<input type="radio"/>	Nausea or vomiting
D. <input type="radio"/>	<input type="radio"/>	Diarrhea
E. <input type="radio"/>	<input type="radio"/>	Severe itchiness of body or scalp, pervasive rash
F. <input type="radio"/>	<input type="radio"/>	Open or draining sore on skin or in mouth
G. <input type="radio"/>	<input type="radio"/>	Severe headache
H. <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"/>	4. Have you or anyone you have been in contact with exhibited any symptoms of influenza or COVID-19 within the last 14 days? (fever, chills, dry cough, lethargy, body aches, loss of sense of taste or smell, etc.)
<input type="radio"/>	<input type="radio"/>	5. I have had a lice check within the last 24hrs & was "cleared".

Based on the Health Screening results, this individual should:

Attend camp

NOT attend camp

Signature of Screener

Date of Screening

