



Occoneechee COVID-19 Pre-Event Health Screening

Name: _____ Chapter: _____
Event: _____

In an effort to minimize the risk of illness for those traveling to Camp Durant, we ask that you monitor your health for the 14 days prior to this event. Please bring this completed form to turn in during check-in. Those without this form, or showing any symptoms of COVID-19 will not be allowed entry into camp.

Please indicate if you have any of the following symptoms prior to arrival, and record your temperature daily. If any high temperature or symptoms are present, please seek evaluation by a licensed provider and contact the Lodge for further guidance.

Symptoms Include:

- Cough
- Shortness of Breath/Difficulty Breathing
- Fever
- Chills
- Muscle Pain
- Sore Throat
- New Loss of Taste/Smell
- Nausea
- Vomiting
- Diarrhea

Please Initial:

- I have not been around anyone with any of the listed symptoms or a diagnosis of COVID-19 in the 14 days before the start of this event.
Initial _____
- No one in my household has been sick in the 14 days prior to this event.
Initial _____
- I have not traveled by air or traveled out of state in the 14 days prior to this event. **Initial** _____
- I have adhered to our state's guidelines regarding COVID-19.
Initial _____

Date	10/3	10/4	10/5	10/6	10/7	10/8	10/9
Temp/ Symptoms							
Date	10/10	10/11	10/12	10/13	10/14	10/15	10/16
Temp/ Symptoms							

My signature indicates that I have completed this health screening daily and to the best of my ability for 14 days prior to arrival in camp. I understand that arriving to camp healthy is vital to a healthy event for all those who are present.

Signature: _____ **Date:** _____

Parent Signature (if under 18): _____ **Date:** _____

FOR LODGE USE ONLY: Group Number: _____ Check-In Temp: _____