



# Occoneechee COVID-19 Pre-Event Health Screening

Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

Event: Spring Inductions

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	3/5	3/6	3/7	3/8	3/9	3/10	3/11
Temp/ Symptoms							
Date	3/12	3/13	3/14	3/15	3/16	3/17	3/18
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: \_\_\_\_\_