



# TAPAWINGO

*Place of Joy*

## Initial Camper On-Site Health Check-In

Camper Name: \_\_\_\_\_

Date \_\_\_\_\_

Do you have:

Temperature of 100 degrees or higher or used medication to lower fever within the past 72 hours?	Yes	No
Current temperature:	_____	
Cough (excluding chronic medical reasons?)	Yes	No
Shortness of breath?	Yes	No
Sore throat?	Yes	No
Nausea/Diarrhea (excluding chronic or other known reasons)	Yes	No
Loss of taste or smell?	Yes	No
Headache/Fatigue?	Yes	No

Have you been in contact with anyone who is Covid-19 positive within the past 14 days?	Yes	No
Does anyone you live with have any of the symptoms listed above?	Yes	No
Are you or anyone you live with waiting for COVID-19 test results?	Yes	No
In the past two weeks, have you come into contact with someone who has COVID-19?	Yes	No
Have you recently traveled to high-risk areas or internationally?	Yes	No
Have you had a positive COVID test? (Answer does not disqualify admission).	Yes	No
Do you have proof of date of positive test result?	Yes	No

Please see reverse side

Has the camper been exposed to any other communicable diseases that you know of within the past 20 days (i.e. chicken pox)?	Yes	No
Are there medications listed on the camper's health form that you did not bring?	Yes	No
Did you bring any medications that were not listed on the camper's health form?	Yes	No
List any known allergies and the reaction to each (not currently listed on health form):		
Does the camper have sunscreen or insect repellent with them?	Yes	No
Do they have permission to use their own sunscreen or insect repellent?	Yes	No
If they did not bring their own, can they borrow or use camp sunscreen?	Yes	No
If they did not bring their own, can they borrow or use camp insect repellent?	Yes	No

Please list **any other concerns** (not listed on your health form) that you would like us to be aware of regarding your camper's health:

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR SCREENERS:**

CHECK	NOTES	INTS OF SCREENER
<b>Head:</b> Look at the scalp for any cuts, rashes, or evidence of head lice		
<b>Throat:</b> Check back of throat for redness, tonsils for redness or yellow-white spots, canker sores, and ulcers throughout the mouth.		
<b>Temperature:</b>		

**STAFF SIGNATURE:**