



# Camper Pre-Screening Health Form

*Camp Lutherhaven Summer 2021*

We are grateful for your partnership in providing a safe and healthy camp environment this summer at Camp Lutherhaven. In an effort to minimize illness, we ask you to check daily on the health of your camper beginning 14 days prior to arriving at Camp. The best camp sessions start with healthy campers and this begins at home.

**Please bring this completed form to Camp registration check-in.**

**Camper's Name:** \_\_\_\_\_

**Camp Session:** \_\_\_\_\_

## 14 Day Self-Isolation Recommended

*We are recommending that immediately before your camper's arrival to Camp Lutherhaven, they complete 14 days of self-isolation to reduce their risk of exposure to COVID-19. By self-isolation, we mean limiting exposure to non-family members, wearing a face covering around non-family members, avoiding large crowds/gatherings, and limiting unnecessary travel.*

**Symptoms in the 14 Days Prior to Arrival at Camp:** *Check any new or unexplained symptoms that apply to your camper.*

- |  |   |
|--|---|
| <input type="checkbox"/> Fever of 100.4 F or greater | <input type="checkbox"/> Diarrhea or vomiting     |
| <input type="checkbox"/> Cough                       | <input type="checkbox"/> Muscle aches             |
| <input type="checkbox"/> Shortness of breath         | <input type="checkbox"/> Fatigue                  |
| <input type="checkbox"/> Sore throat                 | <input type="checkbox"/> Headache                 |
| <input type="checkbox"/> Loss of taste or smell      | <input type="checkbox"/> Congestion or runny nose |

*If any of the above apply to your camper, please call the Camp office at 260-636-7101 to discuss your situation and options prior to arrival. It is possible that we will ask you to consider rescheduling or not attending camp this summer.*

**MY CAMPER HAS BEEN SYMPTOM FREE FOR THE PAST 14 DAYS**      **INITIAL HERE** \_\_\_\_\_

## Daily Temperature Checks

As part of your partnership with us, please record your camper's temperature for seven days prior to your arrival at Camp Lutherhaven.

Day One	Day Two	Day Three	Day Four	Day Five	Day Six	Day Seven

**MY CAMPER HAS BEEN FEVER FREE FOR THE PAST SEVEN DAYS**      **INITIAL HERE** \_\_\_\_\_

**Contact History:** *Check any that apply to your camper in the 14-day period prior to their arrival at Camp.*

- Your camper has had close contact with someone exposed to, or infected with COVID-19.
- Your camper has a household member currently on a watch list for COVID-19 exposure.
- Your camper is coming from a “high risk” area for COVID-19. *(This includes areas still under stay-at-home orders. In Indiana, this would be defined as Stage 1.)*

*If you checked any of the above questions, please call the Camp office at 260-636-7101 to discuss your situation and options prior to arrival. It is possible that we will ask you to consider rescheduling or not attending camp this summer.*

**I HAVE ANSWERED CORRECTLY TO THE BEST OF MY KNOWLEDGE    INITIAL HERE \_\_\_\_\_**

**Pre-Existing Illnesses or Conditions:** *Check any that apply to your camper.*

- Cardiovascular Disease
- Diabetes
- Respiratory Disease (including Asthma)
- Immunocompromised

*Individuals with a preexisting illness or condition such as the ones mentioned above are at an increased risk of severe illnesses if COVID-19 is contracted.*

**I UNDERSTAND THE IMPLIED RISK OF PRE-EXISTING ILLNESSES/CONDITIONS    INITIAL HERE \_\_\_\_\_**

I hereby state that this health screening form is correct as far as I know. I also acknowledge that despite Camp Lutherhaven’s reasonable efforts to mitigate the spread of communicable disease, participating in Camp activities may result in exposure to COVID-19 or other communicable diseases, which could result in quarantine measures, serious illness, disability, or death.

If my camper is experiencing any symptoms related to a communicable disease on the day of attending a Camp program, my camper will remain at home and I will contact Camp to see about attending Camp at a later date or to cancel their registration.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

The health and safety of our campers is our priority. We are doing our best to create a healthy and safe environment for everyone on Camp. Thank you for understanding.

If you have any questions, please contact the Camp office at 260-636-7101 or [camp@lutherhaven.org](mailto:camp@lutherhaven.org).

