



## Camper Pre-Screening Health Form

*Camp Lutherhaven Summer 2022*

We are grateful for your partnership in providing a safe and healthy camp environment. In an effort to minimize illness, we ask you to check daily on the health of your camper beginning 5 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:** \_\_\_\_\_

### **Please check any symptoms experienced in the 5 days prior to Camp.**

- |  |   |
|--|---|
| <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 |
- Please check if your camper has been in *close contact* with a person who has been diagnosed with or tested positive for COVID-19 in the 5 days prior to Camp.

*If you checked any of the above, 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 session.*

**IF YOUR CAMPER HAS BEEN SYMPTOM FREE FOR THE PAST 5 DAYS, 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 create a safe environment and mitigate the spread of communicable disease, participating in Camp activities may result in injury or exposure to COVID-19/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 the registration.

\_\_\_\_\_  
**Parent's or Guardian's Signature**

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

The health and safety of campers and staff is our priority. Thank you for helping us do our best to create a healthy and safe environment for everyone on Camp. If you have any questions, please contact the Camp office at 260-636-7101 or [camp@lutherhaven.org](mailto:camp@lutherhaven.org).

