



Recent General Health Questionnaire

In light of Covid-19, the Recent General Health Questionnaire will need to be filled out **within 48 hours of a camper's arrival to camp**. Daily temperature checks will be mandatory, and in the health and safety interests of all campers and staff, Camp CoBeAc reserves the right to remove any camper from a session of camp due to a health concern, such as symptoms of COVID-19. In the event of a camper showing any signs or symptoms of Covid-19, the Health Services Director will contact the parent/guardian, and arrangements will be made for that parent/guardian to pick up the camper as soon as possible, while the camper remains isolated from others.

In the past 14 days (camper name) _____ has had: **(please circle one)**

- | | | |
|---|------------|-----------|
| 1. Fever (100°F or greater)? | Yes | No |
| 2. New onset of shortness of breath or cough? | Yes | No |
| 3. Knowingly been exposed to COVID-19? | Yes | No |
| 4. General feeling of being unwell? | Yes | No |

Are there any health concerns/issues from your camper's recent health history that we should know about (general health information should already be listed in camper's registration): _____

I understand that if my camper develops signs/symptoms of being Covid-suspect that I am responsible to work out arrangements for my camper to be picked up from Camp CoBeAc promptly.

Signature of parent/guardian: _____ Date: ____/____/2020

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