



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 Guest's arrival to camp**. Daily temperature checks will be mandatory, and in the health and safety interests of all guests and staff, Camp CoBeAc reserves the right to remove any one from a session of camp due to a health concern, such as symptoms of COVID-19. In the event of a guest showing any signs or symptoms of Covid-19, the Health Services Director will contact the guest, and arrangements will be made for that person to be sent home while remaining isolated from the other attendees.

In the past 14 days (guest 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 recent health history that we should know about (general health information should already be listed in their registration): _____

I understand that if I develop signs/symptoms of being Covid-suspect that I am responsible to work out arrangements to leave Camp CoBeAc promptly.

Signature: _____ Date: ____ / ____ /2022



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 Guest's arrival to camp**. Daily temperature checks will be mandatory, and in the health and safety interests of all guests and staff, Camp CoBeAc reserves the right to remove any one from a session of camp due to a health concern, such as symptoms of COVID-19. In the event of a guest showing any signs or symptoms of Covid-19, the Health Services Director will contact the guest, and arrangements will be made for that person to be sent home while remaining isolated from the other attendees.

In the past 14 days (guest 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 recent health history that we should know about (general health information should already be listed in their registration): _____

I understand that if I develop signs/symptoms of being Covid-suspect that I am responsible to work out arrangements to leave Camp CoBeAc promptly.

Signature: _____ Date: ____ / ____ /2022