

# Recent General Health Questionnaire

**CoBeAc has always taken the health and safety of our campers and staff seriously. Ensuring to our best knowledge that campers come to camp healthy is one step to a great camp experience.**

Please fill out this form within the 48 hours before sending your camper up to camp.

Camper/guest name: \_\_\_\_\_ has had: **(please circle one)**

- Within the 48 hours of arriving at camp: Fever (100.4°F or greater), New onset of shortness of breath or cough, Sore Throat, Diarrhea or Vomiting, General feeling of being unwell? **Yes** **No**
- Within the past 5 days: Knowingly been exposed to COVID-19? **Yes** **No**

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

Signature of Guest (for minors: parent/guardian): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2023

*\*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 help with the arrangements that will be made for that person to be sent home while remaining isolated from the other attendees.*

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