Camper Name:

Week:

## **COVID-19 PRE-SCREENING LOG**

Based on the guidelines by the American Camp Association, guardians of campers must complete the following pre-screening prior to arriving at Lutherlyn. The best camp week starts with healthy campers and this begins at home. Please bring this completed form to camp on Sunday. Each guardian will confirm that they are checking daily and will sign this form as an indication of compliance. THIS FORM IS REQUIRED FOR CHECK-IN.

0		0 1	0				
Date	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Temperature:							
Presence of							
Symptoms (see	YES / NO						
list below):	- , -	- , -	- / -	- , -	- , -	- , -	- , -
list belowj.							
Take and Mail DCD Test							

Take and Mail PCR Test

Date	<mark>Sun</mark>	<mark>Mon</mark>	Tue	Wed	Thu	Fri	Sat
Temperature:							
Presence of							
Symptoms (see	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
list below):							

Pre-Screening Symptoms:	Testing Information	Please Initial
<ul> <li>Fever of 100.4 of greater</li> <li>Cough</li> <li>Shortness of breath</li> </ul>	The telehealth visit should happen prior to starting this log.	My camper did not develop any of the listed symptoms on the left in the last 14 days that cannot be attributed to another health condition.
<ul> <li>Fatigue</li> <li>Chills</li> <li>Muscle Aches</li> <li>New Loss of taste or smell</li> <li>Sore throat</li> </ul>	A PCR Covid test should be received in the mail during the first week of screening. The PCR test should be administered on the Sunday or Monday prior to arrival at camp (highlighted on chart) and mailed on Monday.	My camper has not been in contact with another person who has been ill with respiratory complaints or fever, who I know has tested positive for COVID-19, or who is awaiting COVID-19 test results.
<ul><li>Nausea</li><li>Vomiting</li></ul>	Visit www.lutherlyn.com/summer for details.	My camper has not been diagnosed with COVID-19 in the past 14 days

My signature indicates that I completed this health screening for 14 days prior to camp. I understand that arriving to camp healthy is vital to a healthy camp for all. This form is required for check-in.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_