HEALTH SCREENING FORM: LABCC CAMP MORNING STAR

____________________ Arrival Date   ____________________ Departure Date   ▢ Camper   ▢ Staff

Participant Name: ____
Last   First

Health screening of campers and staff is critical to prevent an illness outbreak from starting. Per Title 17, Section 30750 of the California Code of Regulations, screening shall be conducted by a qualified staff member for all campers under the age of 18 who are unaccompanied by a parent or guardian within 24 hours of arrival at camp. It is recommended, prescreening of campers and staff be done prior to arriving at camp to prevent the spread of illness. Records of health screenings and procedures must be maintained at the camp.

Pre-Arrival COVID-19 Home Testing Results	
Test #1 (24 hours prior to arrival) Date: Time: Results: ▢ Negative ▢ Positive	**Test #2 (Day of arrival)** Date: Time: Results: ▢ Negative ▢ Positive
Did you submit results online via CampDoc.com? ▢ Yes ▢ No	

No	Yes	
▢	▢	**Have you been exposed to any known contagious disease in the past 10 days?** **If yes, please explain:**
▢	▢	**Have you or anyone in your household had any COVID-19 exposures or close contacts within the past 10 days? If yes, please explain and include date of exposure:**
▢	▢	**Have you been diagnosed with COVID-19 within the past 90 days?** **If yes, please list date:**

Have you shown, or been in contact with others who exhibited, any of the following symptoms within the past 24 to 48 hours prior to camp arrival?

No	Yes		No	Yes	
▢	▢	Fever (temp > 100.3°F) or Chills	▢	▢	Sneezing, congestion or runny nose
▢	▢	Nausea or Vomiting	▢	▢	Shortness of breath or difficulty breathing
▢	▢	Diarrhea	▢	▢	Weakness or fatigue
▢	▢	Headache	▢	▢	Muscle or body aches
▢	▢	Sore throat	▢	▢	New loss of taste or smell
▢	▢	Cough	▢	▢	Severe itching of body or scalp
▢	▢	Rash	▢	▢	Open draining sore on skin

____   __________________________
Signature (Parent/Guardian if participant under 18 years old)   **Date**

TO BE COMPLETED BY LABCC STAFF ONLY

Result of Health Screening:

▢ Attend camp
▢ Quarantine at camp in the isolation area
▢ Send home / did not attend camp
▢ Schedule f/u antigen test on date: ______________

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LABCC Health Supervisor Signature