SYMPTOM & TEMPERATURE CHECK

WARD _____

Prior to leaving for camp, please take the temperature of each camper (both young women and adults). Write down their temperature below. Indicate if there are any new or developing symptoms. ANY CAMPER THAT DEVELOPS COVID-19 SYMPTOMS WILL BE SENT HOME.

Name	**Temperature** MUST BE BELOW 100.4 DEGREES	**Any new/developing symptoms?**

TURN THIS FORM INTO THE CAMP NURSE
AS SOON AS YOU ARRIVE AT CAMP.