

CAMP PINEHURST Daily Self Screening checklist- Must be filled in for 10 days prior to camp arrival and presented to camp nurse.

Date:	Date:	Date:	Date:	Date:
Do you feel healthy? Yes No	Do you feel healthy? Yes No	Do you feel healthy? Yes No	Do you feel healthy? Yes No	Do you feel healthy? Yes No
Do you feel any of the following symptoms: runny nose, sore throat, cough or shortness of breath? Yes No	Do you feel any of the following symptoms: runny nose, sore throat, cough or shortness of breath? Yes No	Do you feel any of the following symptoms: runny nose, sore throat, cough or shortness of breath? Yes No	Do you feel any of the following symptoms: runny nose, sore throat, cough or shortness of breath? Yes No	Do you feel any of the following symptoms: runny nose, sore throat, cough or shortness of breath? Yes No
Have you felt feverish or had a fever in the last 24 hours? Yes No	Have you felt feverish or had a fever in the last 24 hours? Yes No	Have you felt feverish or had a fever in the last 24 hours? Yes No	Have you felt feverish or had a fever in the last 24 hours? Yes No	Have you felt feverish or had a fever in the last 24 hours? Yes No
Do you have any unexplained muscle aches or chills?? Yes No	Do you have any unexplained muscle aches or chills?? Yes No	Do you have any unexplained muscle aches or chills?? Yes No	Do you have any unexplained muscle aches or chills?? Yes No	Do you have any unexplained muscle aches or chills?? Yes No
Do you have any changes to your sense of smell or taste? Yes No	Do you have any changes to your sense of smell or taste? Yes No	Do you have any changes to your sense of smell or taste? Yes No	Do you have any changes to your sense of smell or taste? Yes No	Do you have any changes to your sense of smell or taste? Yes No
Have you had any nausea, vomiting or diarrhea in the last 24 hours? Yes No	Have you had any nausea, vomiting or diarrhea in the last 24 hours? Yes No	Have you had any nausea, vomiting or diarrhea in the last 24 hours? Yes No	Have you had any nausea, vomiting or diarrhea in the last 24 hours? Yes No	Have you had any nausea, vomiting or diarrhea in the last 24 hours? Yes No
Have you been in close contact with someone who is positive for COVID-19? Yes No	Have you been in close contact with someone who is positive for COVID-19? Yes No	Have you been in close contact with someone who is positive for COVID-19? Yes No	Have you been in close contact with someone who is positive for COVID-19? Yes No	Have you been in close contact with someone who is positive for COVID-19? Yes No
Camper's Temp: _____ Time taken: _____	Camper's Temp: _____ Time taken: _____	Camper's Temp: _____ Time taken: _____	Camper's Temp: _____ Time taken: _____	Camper's Temp: _____ Time taken: _____

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