



Health Screening Questionnaire

Participant Responses (print clearly)

Participant Name _____ Date: _____

Group Name _____

1. Has anyone in your household been exposed to any communicable diseases within the last 14 days?

YES **NO**

2. Has anyone in your household had a temperature of 100.2 F or greater in the last 14 days?

YES **NO**

3. Has anyone in your household's close contacts been hospitalized with sore throat, pneumonia, cough, and/or COVID-19 in the past 5 days?

YES **NO**

4. Has anyone in your household had reddened or painful toes/complained about toes and/or had an unusual back or abdominal rash in the last 14 days?

YES **NO**

5. Has anyone in your household lost their sense of taste or smell, had unusual fatigue, and/or diarrhea in the last 14 days?

YES **NO**

6. Do you have asthma and use a nebulizer regularly?

YES **NO**

To ensure the health and safety of all guests and staff, Covenant Harbor is implementing this health screening for all guests before arriving to camp.