

# HEALTH SCREENING FORM

Camper       Staff

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial

\_\_\_\_\_  
Camp Name

\_\_\_\_\_  
Arrival Date                      Departure Date

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, pre-screening 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.

The screening should include the following inquiries:

- | No                       | Yes                      | Health History  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been exposed to any known contagious disease in the last week?<br>If yes, please explain: _____<br>_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a copy of the staff/camper immunization record been obtained?   |

- | No                       | Yes                      | Have you shown any of, or been in contact with others who exhibited, the following symptoms within the past 24 to 48 hours prior to camp arrival? |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Fever (oral temperature 100.4°F or above)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Sore throat with fever  |
| <input type="checkbox"/> | <input type="checkbox"/> | Vomiting  |
| <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea  |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe itching of body or scalp   |
| <input type="checkbox"/> | <input type="checkbox"/> | Open draining sore on skin  |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe headache   |
| <input type="checkbox"/> | <input type="checkbox"/> | Flu or flu like symptoms (fever, sore throat, cough, weakness, fatigue, sneezing, nausea, body aches)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Rash  |

- | No                       | Yes                      | Result of the health screening:           |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Attended camp                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Quarantined at camp in the isolation area |
| <input type="checkbox"/> | <input type="checkbox"/> | Sent home/did not attend camp             |

\_\_\_\_\_  
Signature of Health Supervisor

\_\_\_\_\_  
Date Reviewed

Revised 01/2018