

# SUMMER PROGRAM PARTICIPANT COVID-19 SYMPTOM CHECK

I understand that it is my responsibility to self-screening daily for COVID-19 symptoms prior to arrival at camp.

Screen yourself each day for any of the following new or worsening signs or symptoms of possible COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Known close contact with a person who is lab confirmed to have COVID-19

Please report any of the above symptoms to your coach/camp director immediately.

I have received a negative COVID-19 test in the past week.  
*\*not all programs require pre-testing. Please confirm with the program director regarding the requirement for your program.*

Participants Name (Printed) \_\_\_\_\_

Camp: \_\_\_\_\_ Date: \_\_\_\_\_