

COVID-19 Self-Assessment Health Screening

Prior to your visit at camp we ask that you print and complete this COVID-19 Self-Assessment Health Screening. If you have any symptoms on the day of your tour, please do not come to camp. You can contact us by email at msigle@urj.org to let us know if you need to reschedule. Please bring a completed hard copy of this form with you to camp for review upon arrival.

Date: _____

Parent/s Name: _____

Future Camper/s Name: _____

- Please indicate if anyone in your household has had any of the following symptoms prior to the tour.
_____ Cough _____ Shortness of breath or difficulty breathing
_____ Fever _____ Chills _____ Muscle Pain _____ Sore Throat
_____ New loss of taste or smell _____ Nausea/Vomiting _____ Diarrhea
- Have you, or anyone in the household or immediate family had any symptoms consistent with COVID-19, cough, fever, chills shortness of breath, or loss of taste or smell within the last 72 hours?
Yes No
- Have you, or anyone in the household or immediate family had exposure to anyone suspected of having had or confirmed to have had COVID-19 in the last 14 days?
Yes No
- Have you, or anyone in the household or immediate family been diagnosed with COVID-19 within the last 14 days?
Yes No
- Have you, or anyone in the household or immediate traveled on a plane within the last 14 days?
Yes No If so where to:

Our signature indicates that we completed this health screening to the best of our ability.

Signature: _____ Date: _____