



## Health Screening Form

The Health Screening Form must be completed for each student and counselor. Each person will need to be health screened by any medical professional (doctor, nurse, EMT, etc.) within 24 hours of their arrival here at camp.

Camper or Counselor Name: \_\_\_\_\_ Camp dates: \_\_\_\_\_

Sex: M/F \_\_\_\_\_ Parent's Home or Cell phone #: \_\_\_\_\_

Church/School name and city: \_\_\_\_\_

1. In the last week, have you had any *nausea, vomiting, and/or diarrhea* with a *fever*? N  Y   
If **yes**, please describe:

\_\_\_\_\_  
\_\_\_\_\_

2. In the past week, have you had a *cough, congestion, and/or sore throat* with a *fever or rash*?  
N  Y  If **yes**, please describe:

\_\_\_\_\_  
\_\_\_\_\_

3. Has anyone in your family had the *flu* this past week? N  Y

4. Do you have any *open sores or rashes* that need treated? N  Y  If **yes**, describe:

\_\_\_\_\_  
\_\_\_\_\_

5. Do you have an **ear** infection or **eye** infection that needs medication? N  Y

\_\_\_\_\_  
\_\_\_\_\_

6. Have you had the Chicken Pox **disease** or the Chicken Pox **vaccine**?

Yes-disease  Yes-vaccine  No to both

7. Have you had any **recent** injuries that involved a **casted fracture, head injury (concussion), or wound** that required staples or stitches that need to be removed while you are here?

N  Y  If **yes**, please describe:

\_\_\_\_\_  
\_\_\_\_\_

**\*\*If yes to question #7, they must be cleared by a doctor in order to participate in camp activities.**

Signature of Health Screener: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 03/2010