



## **2022 Health Pre-Screening**

*Updated January 10, 2022*

All staff and guests are expected to complete a self-monitored health pre-screening before arrival, including those who have been vaccinated. This includes a daily temperature and symptom log and a few COVID-19 specific questions.

During this pre-screening period, we expect you to restrict close contacts to those within your household and comply with current guidelines for travel and public spaces.

If you have a fever of 100.4 or greater, new covid-like symptoms, or potential exposure to COVID-19 before arrival to Caroline Furnace, please consult your healthcare provider and contact us before you come.

Please print and complete the correct individual form for each participant. Forms for minors should be completed by a parent/guardian.

### **There are four form options below:**

1. Adult Health Pre-Screening Form: 14 Days
2. Youth Health Pre-Screening Form: 14 Days
3. Adult Health Pre-Screening Form: 7 Days + Negative PCR Test
4. Youth Health Pre-Screening Form: 7 Days + Negative PCR Test

As recommended by the American Camp Association (ACA), health pre-screening is an important layer in non-pharmaceutical interventions (NPIs) to promote health and safety. We follow a small group/cohort and family system.

**Mask Requirement:** Masks are required in indoor shared spaces (with groups outside of your cohort), unless eating, drinking, or showering. All individuals aged five and older must cover their mouth and nose with a mask when outdoors **and** unable to maintain at least six feet of physical distance from other individuals who are not family or cohort members. Masks are not permitted during water-based activities.

**For Arrival at Caroline Furnace:** Specific directions will be emailed to the group leader and/or participant. Upon arrival, Caroline Furnace staff will review each participant's health pre-screening form and conduct a quick, no-contact temperature check. Caroline Furnace will retain a copy of the participant list in case needed for contact tracing. The group leader will retain health pre-screening forms for 30 days.

**Questions? Concerns? Contact us** at (540) 449-0012 or [sarah@carolinefurnace.org](mailto:sarah@carolinefurnace.org).

*This pre-screening form is adapted from resources shared by the Association of Camp Nurses (ACN).*

Participant Name: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Contact Info: Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Adult Health Pre-Screening Form: 14 Days

Please record your temperature daily and indicate if any of the following symptoms are present. If you have a fever of 100.4 or greater or are experiencing any of the symptoms listed below, please contact your doctor and notify your group coordinator and/or Caroline Furnace before coming.

**(Optional)** Have you gotten the COVID-19 vaccine? \_\_\_\_\_ Partial (1 of 2 doses) \_\_\_\_\_ Full (2 of 2 doses)  
\_\_\_\_\_ Booster \_\_\_\_\_ None

<b>Known Symptoms of COVID-19:</b> <ul style="list-style-type: none"><li>• New cough</li><li>• Shortness of breath or difficulty breathing</li><li>• Fever of 100.4 or greater</li><li>• Chills</li><li>• Muscle Pain</li><li>• Sore throat</li><li>• New loss of taste or smell</li><li>• Nausea / Vomiting / Stomach ache</li><li>• Diarrhea</li><li>• Severe Headache</li></ul>	<b>Please initial:</b> <ol style="list-style-type: none"><li>1. I have not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before my arrival to camp. <b>Initial</b> _____</li><li>2. No one in my household has been sick or shown symptoms in the 14 days before my arrival to camp. <b>Initial</b> _____</li><li>3. I have not flown or traveled out of state in the 14 days before my arrival to camp. <b>Initial</b> _____</li><li>4. I have adhered to our/my state's guidelines regarding COVID-19. <b>Initial</b> _____</li></ol>
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**Start date of temperature/symptom screening:** \_\_\_\_\_

Day (until arrival):	14	13	12	11	10	9	8
Temperature/symptoms							
Day (until arrival):	7	6	5	4	3	2	1
Temperature/symptoms							

*My signature indicates that I completed this health screening daily to the best of my ability. I understand that arriving at Caroline Furnace healthy is necessary for a safe experience for all those around me.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This pre-screening form is adapted from resources shared by the Association of Camp Nurses (ACN).*

Participant Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Contact Info: Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Youth Health Pre-Screening Form: 14 Days

Please record your temperature daily and indicate if any of the following symptoms are present. If you have a fever of 100.4 or greater or are experiencing any of the symptoms listed below, please contact your doctor and notify your group coordinator and/or Caroline Furnace before coming.

**(Optional)** Have you gotten the COVID-19 vaccine? \_\_\_\_\_ Partial (1 of 2 doses) \_\_\_\_\_ Full (2 of 2 doses)  
\_\_\_\_\_ Booster \_\_\_\_\_ None

<p><b>Known Symptoms of COVID-19:</b></p> <ul style="list-style-type: none"> <li>• New cough</li> <li>• Shortness of breath or difficulty breathing</li> <li>• Fever of 100.4 or greater</li> <li>• Chills</li> <li>• Muscle pain</li> <li>• Sore throat</li> <li>• New loss of taste or smell</li> <li>• Nausea / Vomiting / Stomach ache</li> <li>• Diarrhea</li> <li>• Severe headache</li> </ul>	<p><b>Please initial:</b></p> <p>1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before their arrival to camp. <b>Initial</b> _____</p> <p>2. No one in our household has been sick or shown symptoms in the 14 days before their arrival to camp. <b>Initial</b> _____</p> <p>3. My child has not flown or traveled out of state in the 14 days before their arrival to camp. <b>Initial</b> _____</p> <p>4. My child has adhered to our/my state’s guidelines regarding COVID-19. <b>Initial</b> _____</p>
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**Start date of temperature/symptom screening:** \_\_\_\_\_

Day (until arrival):	14	13	12	11	10	9	8
Temperature/symptoms							
Day (until arrival):	7	6	5	4	3	2	1
Temperature/symptoms							

*My signature indicates that we completed this health screening daily to the best of our ability. We understand that arriving at Caroline Furnace healthy is necessary for a safe experience for all those around me/them.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This pre-screening form is adapted from resources shared by the Association of Camp Nurses (ACN).*

Participant Name: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Contact Info: Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Adult Health Pre-Screening Form: 7 Days + Negative PCR Test

Please record your temperature daily and indicate if any of the following symptoms are present. If you have a fever of 100.4 or greater or are experiencing any of the symptoms listed below, please contact your doctor and notify your group coordinator and/or Caroline Furnace before coming.

**(Optional)** Have you gotten the COVID-19 vaccine? \_\_\_\_\_ Partial (1 of 2 doses) \_\_\_\_\_ Full (2 of 2 doses)  
\_\_\_\_\_ Booster \_\_\_\_\_ None

<b>Known Symptoms of COVID-19:</b> <ul style="list-style-type: none"><li>• New cough</li><li>• Shortness of breath or difficulty breathing</li><li>• Fever of 100.4 or greater</li><li>• Chills</li><li>• Muscle pain</li><li>• Sore throat</li><li>• New loss of taste or smell</li><li>• Nausea / Vomiting / Stomach ache</li><li>• Diarrhea</li><li>• Severe headache</li></ul>	<b>Please initial:</b> <ol style="list-style-type: none"><li>1. I have not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 7 days before my arrival to camp. <b>Initial</b> _____</li><li>2. No one in my household has been sick or shown symptoms in the 7 days before my arrival to camp. <b>Initial</b> _____</li><li>3. I have not flown or traveled out of state in the 7 days before my arrival to camp. <b>Initial</b> _____</li><li>4. I have adhered to our/my state's guidelines regarding COVID-19. <b>Initial</b> _____</li></ol>
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**Start date of temperature/symptom screening:** \_\_\_\_\_

Day (until arrival):	7	6	5	4	3	2	1
Temperature/symptoms							

**Date of PCR/Molecular/72 hour COVID-19 test:** \_\_\_\_\_

Please bring a copy of your negative test result to show to Caroline Furnace staff at check-in.

*My signature indicates that we completed this health screening daily to the best of our ability. I understand that arriving at Caroline Furnace healthy is necessary for a safe experience for all those around me/them.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This pre-screening form is adapted from resources shared by the Association of Camp Nurses (ACN).*

Participant Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Contact Info: Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Youth Health Pre-Screening Form: 7 Days + Negative PCR Test

Please record your temperature daily and indicate if any of the following symptoms are present. If you have a fever of 100.4 or greater or are experiencing any of the symptoms listed below, please contact your doctor and notify your group coordinator and/or Caroline Furnace before coming.

**(Optional)** Have you gotten the COVID-19 vaccine? \_\_\_\_\_ Partial (1 of 2 doses) \_\_\_\_\_ Full (2 of 2 doses)  
\_\_\_\_\_ Booster \_\_\_\_\_ None

<p><b>Known Symptoms of COVID-19:</b></p> <ul style="list-style-type: none"> <li>• New cough</li> <li>• Shortness of breath or difficulty breathing</li> <li>• Fever of 100.4 or greater</li> <li>• Chills</li> <li>• Muscle pain</li> <li>• Sore throat</li> <li>• New loss of taste or smell</li> <li>• Nausea / Vomiting / Stomach ache</li> <li>• Diarrhea</li> <li>• Severe headache</li> </ul>	<p><b>Please initial:</b></p> <p>1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 7 days before their arrival to camp. <b>Initial</b> _____</p> <p>2. No one in our household has been sick or shown symptoms in the 7 days before their arrival to camp. <b>Initial</b> _____</p> <p>3. My child has not flown or traveled out of state in the 7 days before their arrival to camp. <b>Initial</b> _____</p> <p>4. My child has adhered to our/my state’s guidelines regarding COVID-19. <b>Initial</b> _____</p>
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**Start date of temperature/symptom screening:** \_\_\_\_\_

Day (until arrival):	7	6	5	4	3	2	1
Temperature/symptoms							

**Date of PCR/Molecular/72 hour COVID-19 test:** \_\_\_\_\_

Please bring a copy of your negative test result to show to Caroline Furnace staff at check-in.

*My signature indicates that we completed this health screening daily to the best of our ability. I understand that arriving at Caroline Furnace healthy is necessary for a safe experience for all those around me/them.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This pre-screening form is adapted from resources shared by the Association of Camp Nurses (ACN).*

Group Name: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<b>Participant Name</b>	<b>Phone Number</b>	<b>Email Address</b>

**This list will be retained for 90 days. Contact info will only be used for contact tracing if needed.**

*This pre-screening form is adapted from resources shared by the Association of Camp Nurses (ACN).*