SCREENING FORM

Date:_____ Time:_____

Student/Adult Name:_____

Temperature:_____

Do you have a runny nose, nasal congestion or sore throat? (Allergies not included)

Yes or No

Do you have a worsening cough?

Yes or No

Do you have worsening shortness of breath?

Yes or No

Do you have a general felling of being ill?

Yes or No

Do you have a recent loss of smell or taste?

Yes or No

Have you recently been in contact with someone with any of these symptoms?

Yes or No

CAMP EXPRESS

***If you answered "Yes" to any of these questions or if your temperature is 100.4 or above you will not be allowed into CAMP EXPRESS.