



AT-HOME ASSESSMENT

Please print this form weekly and bring a completed slip daily.

Covid-19 symptoms include: fever, chills, body aches, runny nose, cough, headache, nausea or vomiting, difficulty breathing, loss of taste or smell, diarrhea, fatigue, sore throat.

Date: _____ Camper's Full Name: _____

FRI

Camper's temperature was taken at home this morning. It is at or below 99.5 degrees fahrenheit. Yes No

Camper has no symptoms listed above and will be attending camp today. Yes No

THU

Date: _____ Camper's Full Name: _____

Camper's temperature was taken at home this morning. It is at or below 99.5 degrees fahrenheit. Yes No

Camper has no symptoms listed above and will be attending camp today. Yes No

WED

Date: _____ Camper's Full Name: _____

Camper's temperature was taken at home this morning. It is at or below 99.5 degrees fahrenheit. Yes No

Camper has no symptoms listed above and will be attending camp today. Yes No

TUE

Date: _____ Camper's Full Name: _____

Camper's temperature was taken at home this morning. It is at or below 99.5 degrees fahrenheit. Yes No

Camper has no symptoms listed above and will be attending camp today. Yes No

MON

Date: _____ Camper's Full Name: _____

Camper's temperature was taken at home this morning. It is at or below 99.5 degrees fahrenheit. Yes No

Camper has no symptoms listed above and will be attending camp today. Yes No