



## SUMMER 2021 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