



COVID-19 SCREENING FOR STAFF & CAMPERS

(ONE FORM PER PERSON)

NAME OF CAMPER/STAFF: _____

DATE ATTENDING CAMP: _____

Please circle "Yes/No/Choose Not to Disclose" below:

Yes No Been **exposed** to someone diagnosed, tested positive or quarantined for COVID-19 in the past 10 days prior to arriving at Camp Elim.

Yes No Had COVID-19 **symptoms** in the past 10 days prior to arriving at Camp Elim

Note - if you circle yes to one or both above statements, please call the Camp Office to discuss options for participation. (719) 687-2030

Yes No Choose not to Disclose I am fully vaccinated against COVID-19

Yes No Choose not to Disclose I have had COVID-19

I attest that the above information is accurate to the best of my knowledge.

Camper/Staff or Parent/Guardian Signature

Date

Thank you for your cooperation in keeping everyone at Camp Elim healthy and safe.