



COVID-19 Health Screening Questionnaire

Parent/Guardian Name: _____
Child's Name: _____
Address: _____

Phone Number: _____
Email Address: _____

1. Have you experienced any of the following symptoms in the **past 10 days**:
 - fever or chills
 - cough
 - shortness of breath or difficulty breathing
 - fatigue
 - muscle or body aches
 - headache
 - new loss of taste or smell
 - sore throat
 - congestion or runny nose
 - nausea or vomiting

Yes
 No

2. Have you ever been tested for COVID-19 using a test that tested saliva or used a nose or throat swab (not a blood test)? **Note:** *You may be asked to provide a copy of test results*
 Yes, **Date:** ____/____/20__ **Test Result:** Negative Positive (Please circle one)
 No

3. In the **past 10 days**, have you tested positive for COVID-19 using a test that tested saliva or used a nose or throat swab (not a blood test)? (10 days measured from the date you were tested, not the date you received the test result.) **Note:** *You may be asked to provide a copy of test results*
 Yes
 No

4. To the best of your knowledge, in the **past 14 days**, have you been in close contact (within 6 feet for at least 10 minutes) with anyone while they had COVID-19?
 Yes
 No

5. Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?
- Yes
 No
6. In the past 14 days, have you traveled internationally or returned from a state identified by CDC as having widespread community transmission of COVID-19 (other than just passing through the restricted state for less than 24 hours)? Visit <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html#travel-1>
- Yes
 No
- I agree to my child wearing a mask for the duration of the camp and the adherence to all health & safety measures as outlined by the State of Michigan and the CDC in order to protect the health and safety of my child and other camp participants.
- I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in denial of service without refund and may be grounds for further legal action.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Date Reviewed: ____/____/2021

Name of Reviewer: _____

Signature: _____