## Sports/Enrichment Camp

Daily Intake Screening

Camper Name:			Week of:		
Instructor Name:			_		
	Manday	Tuesday	NA/o dro o do u	Thursday	Fridov
Question 1:	Monday	Tuesday	Wednesday	Thursday	Friday
Has the camper recently had contact	Y / N	Y/N	Y/N	Y/N	Y / N
with anyone who has tested positive	ABS	ABS	ABS	ABS	ABS
for Covid-19?					
Question 2:					
Is anyone in your household	Y/N	Y / N	Y/N	Y/N	Y / N
currently under mandatory or	ABS	ABS	ABS	ABS	ABS
volunteer quarantine?					
Question 3:					
Is the camper experiencing any of	Y/N	Y / N	Y/N	Y / N	Y / N
the following symptoms:	ABS	ABS	ABS	ABS	ABS
Fever:	Y / N	Y/N	Y/N	Y/N	Y / N
Cough:	Y / N	Y / N	Y/N	Y/N	Y / N
Sore Throat:	Y / N	Y / N	Y/N	Y/N	Y / N
Diarrhea/Vomiting:	Y/N	Y / N	Y/N	Y/N	Y/N
Headache:	Y/N	Y / N	Y/N	Y/N	Y / N
Chest Pains:	Y/N	Y / N	Y/N	Y/N	Y/N
Muscle Pain:	Y/N	Y / N	Y/N	Y/N	Y / N
Loss of Taste or Smell:	Y/N	Y / N	Y/N	Y/N	Y/N
Shortness of Breath or					
Difficulty Breathing:	Y/N	Y / N	Y / N	Y/N	Y / N
Temperature Reading:					
Time of Temperature Reading:					
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Initial of Person Completing Screening:					
Additional Notes:					