

# Sports/Enrichment Camp

Daily Intake Screening

**Camper Name:** \_\_\_\_\_ **Week of:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

**Question 1:**

Has the camper recently had contact with anyone who has tested positive for Covid-19?

**Question 2:**

Is anyone in your household currently under mandatory or volunteer quarantine?

**Question 3:**

Is the camper experiencing any of the following symptoms:

- Fever:
- Cough:
- Sore Throat:
- Diarrhea/Vomiting:
- Headache:
- Chest Pains:
- Muscle Pain:
- Loss of Taste or Smell:
- Shortness of Breath or
- Difficulty Breathing:

Monday	Tuesday	Wednesday	Thursday	Friday
Y / N ABS	Y / N ABS	Y / N ABS	Y / N ABS	Y / N ABS
Y / N ABS	Y / N ABS	Y / N ABS	Y / N ABS	Y / N ABS
Y / N ABS	Y / N ABS	Y / N ABS	Y / N ABS	Y / N ABS
Y / N	Y / N	Y / N	Y / N	Y / N
Y / N	Y / N	Y / N	Y / N	Y / N
Y / N	Y / N	Y / N	Y / N	Y / N
Y / N	Y / N	Y / N	Y / N	Y / N
Y / N	Y / N	Y / N	Y / N	Y / N
Y / N	Y / N	Y / N	Y / N	Y / N
Y / N	Y / N	Y / N	Y / N	Y / N
Y / N	Y / N	Y / N	Y / N	Y / N

**Temperature Reading:**

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**Time of Temperature Reading:**

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**Initial of Person Completing Screening:**

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**Additional Notes:**

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