PRE-CAMP QUARANTINE FORM

Fully vaccinated campers do not need to self-quarantine or complete this form. Proof of vaccination required at check-in.

CAMPER: _____ **Session:** _____ **Cabin:** _____

This form is to be filled out during the 14 days leading up to your campers session and returned to Camp Hardtner during check-in.

Day	Temp (in F°)	Cough	Headache	Shortness of breath or trouble breathing	Fever (>100.4)	Chills	Muscle aches	New loss of taste or smell	Nausea, vomiting, or diarrhea
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

List all campers household members, all campers contacts outside of household during 14 days before camp and reason for contact.

Household members	Non-household contacts	Reason for contact?

Has the camper:	**CIRCLE**	
1. Quarantined for at least the last 14 days directly before camp?	YES	NO
2. Traveled nationally or internationally in the last 14 days?	YES	NO
3. Been in close contact with a person who has been diagnosed with, tested for, or quarantined as a result of COVID-19?	YES	NO

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving at camp healthy is vital to a healthy camp for all campers.

Parent Signature: _____ **Date:** _____

Camper Signature: _____ **Date:** _____