

Covid 19 Screening questions to ask at Lylewood Christian Camp check-in

Please circle the answer to the following questions pertaining to the camper

Are you or anyone in your household awaiting covid-19 test results? Yes No

Has anyone in your household tested positive for covid-19? Yes No

Have you been in close proximity to any individual who tested positive for covid-19? Yes No

Have you or anyone in your household experienced any of the following symptoms in the last 14 days? Yes No

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

Diarrhea

If you have answered yes to any of these questions we will not be allowed to let your child attend camp.

Camper's Name: _____

Parent/Guardian Signature _____

Date _____