



HEALTH SCREENING FORM

This form must be completed and signed by a nurse, first responder, EMT, doctor, pharmacist, or other health professional for all campers & counselors no earlier than 24 hours before departure. Parents, please do not sign your own child's form. Health screeners must be 18+ years old.

Camper: _____ Church: _____ City: _____

- 1 In the last 24 hours, has the camper had any vomiting, diarrhea, fever, chills, cough, sore throat, change in taste/smell, shortness of breath, body aches, fatigue or rash? Yes
 No

If yes, please circle symptom above and check current temperature: _____
(Guests with vomiting, diarrhea, or temperature > 100.4F within the last 24 hours may not attend camp.)

- 2 In the last week, has the camper been exposed to anyone with a contagious disease? Yes
If yes, please explain: _____ No

- 3 Have there been any new health changes to the camper since completing the camp registration health form? Yes
 No

If yes, please explain and notify Camp Siloam First Aid Team upon arrival:

- 4 Does the camper understand the importance of hand washing for at least 20 seconds before every meal and after using the bathroom? Yes

- 5 Does the camper understand the importance of drinking at least 2 cups of water at every meal and a full water bottle in between? No

- Yes
 No

FOR HEALTH SCREENER

I have done a head exam for lice and camper is free from active lice infection. *Initials:* _____

Health Professional Name: _____ Date: _____

Circle credential: First Aid / EMT / First Responder / Nurse / Doctor / Pharmacist

If you have any questions, please contact the office: (479) 250-1865

Return this form to your church leader who can then submit the entire group's forms to the Camp office at check-in.