



## Camper Screening Form

Date: \_\_\_\_\_

Camper name: \_\_\_\_\_

Parent phone number: \_\_\_\_\_

### Self-Declaration by Camper/Parent

	YES	NO
Has your camper knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19		
Have you or your camper tested positive for COVID-19 in the past 14 days?		
Has your camper experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)?		

Visitors answering yes to any of the above questions will not be permitted access to RoCA's facility.

Visitors with a fever will not be permitted access to the building.

Parent signature: \_\_\_\_\_

### For internal use:

Access to facility (circle one):

Approved

Denied

Employee name: \_\_\_\_\_ Employee signature: \_\_\_\_\_