



## Program Camper Pre-Screening

Have you been out of the country in the past 14 days?

Yes

No

Have you been in close contact with anyone who has been out of the country in the past 14 days?

Yes

No

Have you had close contact with anyone diagnosed with COVID-19 in the past 14 days?

Yes

No

Have you experienced any cold or flu-like symptoms in the last 14 days?  
(Including fever, cough, sore throat, respiratory illness, difficulty breathing)

Yes

No

Camper Name: \_\_\_\_\_

Program: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

**If you answer yes to any of these questions, please call the camp office at (760) 742-3400 before your arrival at camp.**