Camper Name:		Se	ession:			
•	l Tesoro I	<u> </u>	<u></u>	Screen	ina	
This	form is mandato eeds to be submit	ry (one for eac	h camper) to cor	mplete and	9	
Dear Camp El Tesoro Fa			., .	·		
In an effort to minimize illn household daily beginning campers and this begins at	5 days prior to	arrival camp.	The best cam	p sessions sta	rt with heal	
Using the table below, ple your camper or <u>anyone in</u> and record a temperature further guidance.	the household	has exhibite	d any of the fo	llowing sym _l	otoms prior	to camp
Symptoms (Symp.): Fever greater than or equal to 100.0° F Chills Cough Shortness of breath or difficulty breathing			Please Read and Initial			
			1. My child has not been around anyone with any of the listed symptoms or anyone with a diagnosis of COVID-19 in the 5 days before the start of camp. Initial			
• Fatique	2. No one in our household has exhibited any of the listed symptoms or had any other any other					
 Muscle or body aches 						
HeadacheNew loss of taste or smell			potentially contagious illness (including lice) in the			
Sore throat			5 days prior to camp. Initial			
 Congestion or runny nose Nausea or vomiting 						
Diarrhea	l					
Start date of screening:						1
/2023	Day:	5	4	3	2	1 (arrival at camp)
Please record the <u>camper's</u> temperature (in F).		(Earliest date for COVID test*)				
If all members of the	Temp.					
household are symptom-free, please put a "Y."		-				
If any members of the	Symp. Free					
household are showing symptoms, please put an N".						
] *A negative COVID re completed this			•	n and to the	hest of
our ability. We understo	-				-	-
Parent Signature:				Date) <u>.</u>	

_Date:_____

Camper Signature: