

**Every day for ten days prior to arriving at camp, Girl Scouts of Middle Tennessee requires all families to take your camper's temperature, monitor for symptoms, and report if any person in your immediate household has been exposed to COVID-19.** Health Officers will follow-up with campers who report symptoms, a fever, or exposure.

## Camper Information

Camper Full Name: \_\_\_\_\_ Camper Preferred Name: \_\_\_\_\_

Camp Theme/Program Name: \_\_\_\_\_ Program Dates: \_\_\_\_\_

## Daily Pre-Screening

Date	Temperature <input type="checkbox"/> Fahrenheit <input type="checkbox"/> Celsius	Please check all that apply to the camper.
		<p>I am experiencing the following COVID-19 symptoms: <input type="checkbox"/> none <input type="checkbox"/> fever or chills <input type="checkbox"/> cough <input type="checkbox"/> fatigue  <input type="checkbox"/> shortness of breath or difficulty breathing <input type="checkbox"/> muscle or body aches <input type="checkbox"/> loss of taste or smell  <input type="checkbox"/> headache <input type="checkbox"/> other _____</p> <p><input type="checkbox"/> Someone in my household is experiencing symptoms. <input type="checkbox"/> I have traveled in the last 14 days.  <input type="checkbox"/> I or someone in my household has been exposed to COVID-19.</p>
		<p>I am experiencing the following COVID-19 symptoms: <input type="checkbox"/> none <input type="checkbox"/> fever or chills <input type="checkbox"/> cough <input type="checkbox"/> fatigue  <input type="checkbox"/> shortness of breath or difficulty breathing <input type="checkbox"/> muscle or body aches <input type="checkbox"/> loss of taste or smell  <input type="checkbox"/> headache <input type="checkbox"/> other _____</p> <p><input type="checkbox"/> Someone in my household is experiencing symptoms. <input type="checkbox"/> I have traveled in the last 14 days.  <input type="checkbox"/> I or someone in my household has been exposed to COVID-19.</p>
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Camper Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

**Daily Pre-Screening (continued)**

Date	Temperature <input type="checkbox"/> Fahrenheit <input type="checkbox"/> Celsius	Please check all that apply to the camper.
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**Signature Authorization**

I have accurately completed every section of this form to the best of my ability.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_