

Weekly Screening Questionnaire Chicago Waldorf Summer Camp 2021

This form must be completed on Monday morning and turned in at drop-off.

Student/Camper Name: _____ **Date:** _____

Recorded AM temperature: _____

Parent/guardian name & contact number: _____

If any questions are answered positively the camper must stay home. They may return to camp only after receiving clearance from their medical provider and being fever-free for 48 hours.

Has your child tested positive for COVID-19 in the last 14 days?

Yes

No

Has your child come into contact with anyone who has tested positive for COVID-19 in the last 14 days?

Yes

No

Please check the box if your child has experienced any of the following symptoms as new or unexplained (i.e. not related to known/diagnosed allergies or other illnesses) in the past 14 days:

Cough

Vomiting

Sore throat

Nausea

Diarrhea

Shortness of breath/difficulty breathing

Fever (a temperature greater than 99.5 F or 37.5 C)

Chills

Muscle pain

Loss of taste or smell