

# Residential Summer String Camp

## HEALTH SCREENING FORM

Date:	
Name of Visitor:	
Phone:	
Emergency Contact Details:	

Please Answer Yes or No to the following		
Do you have symptoms of an influenza-like illness including fever OR symptoms of acute respiratory infection? (e.g. shortness of breath, cough, sore throat)?	Yes	No
Have you been COVID-19 tested and awaiting results?	Yes	No
Have you been in contact with someone who has been diagnosed with COVID-19?	Yes	No
Have you been instructed to self quarantine and your 14 day period has not been completed?	Yes	No

Your Signature: (or signature of guardian if under 18yrs)
--

<b>The form will be stored securely for a period of 21 days, after which it will be destroyed.</b>
For the safety of our clients, volunteers and staff, LYCO and Camp Clayton ask that you do NOT enter this site if you have answered YES to any of the above questions.