



COVID-19 Daily Pre-camp Screening Form

Please monitor your child daily, complete this form, and hand in to **Athletic Trainer daily**. This form is intended for self-monitoring of COVID-19 symptoms. If you show any of the below symptoms, please notify staff at check-in. Contact Camp Director @469 569 7893.

Symptoms	Yes	No
Fever or Chills		
Cough		
Nasal Congestion or Runny Nose		
Shortness of Breath or Difficulty Breathing		
Sore Throat		
Diarrhea		
Headache		
Nausea or Vomiting		
Muscle or Body Ache		
Loss of Taste or Smell		
Fatigue		
Temperature (Higher than 100.3)		

Camper Name: _____

Parent Signature: _____

Date: _____