



HANA AND ARTHUR GINZBARG

nature discovery center

# Pre-Camp Health Screening

Camper \_\_\_\_\_

Camp Week \_\_\_\_\_

In an effort to minimize illness at camp we ask that you inform us about the health of your camper and about your camper's potential exposure risks prior to camp. **Please bring this completed form to camp on opening day.**

**Has your camper has had any of the following symptoms in the two weeks prior to camp?**

- Yes  No • Cough
- Yes  No • Shortness of breath or difficulty breathing
- Yes  No • Feeling feverish OR a measured temperature greater than or equal to 100.4°F
- Yes  No • Chills
- Yes  No • Muscle pain
- Yes  No • Sore throat
- Yes  No • New loss of taste or smell
- Yes  No • Nausea
- Yes  No • Vomiting
- Yes  No • Diarrhea

**If you answered yes for any of the above symptoms, please have your camper evaluated by a licensed provider and contact the Nature Discovery Center at 713.667.6550 for further guidance.**

\_\_\_\_\_

- Yes  No **Has anyone in your household displayed the symptoms of COVID-19 or tested positive for COVID-19?**
- Yes  No **Has anyone in your household been in close contact with, or cared for, anyone diagnosed with COVID-19?**
- Yes  No **Has anyone in your household traveled out of state in the two weeks before camp?**

**If you have answered yes to any of these three questions, then your camper will not be able to attend camp at the Nature Discovery Center.**

*My signature indicates that I completed this health screening truthfully to the best of my ability and that my camper has adhered to Texas' guidelines regarding COVID-19. We understand that arriving to camp healthy is vital to a healthy camp for all campers.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_