

Camp Rockmont

Eight Day Health Monitor Form

This form WILL BE COLLECTED AS YOUR CHILD EXITS THE CAR. Please have it ready.

CAMPER FULL NAME: _____

DATE OF BIRTH: _____

Please complete the three sections and signature spaces:

Section 1 COVID-19 TEST, VACCINE, or DOCUMENTED DIAGNOSIS (in the past 90 days)

- My child has completed a molecular COVID-19 test
 - He quarantined at least 72 hours before taking his test, and remained quarantined until his arrival at camp, and I have attached negative test results to this form

OR

- My child has received the full COVID-19 Vaccine at least 2-Weeks prior to Opening Day
 - And I have attached a copy of his CDC Vaccination Record Card to this form

OR

- My child was diagnosed with COVID-19 in the past 90 days
 - And I have attached medical documentation showing that my child had, but has recovered from, COVID-19 in the 90 days before his camp arrival date.

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Section 2 DAILY TEMPERATURE CHECKS

For eight days prior to your child's arrival at camp, campers must record their temperature. Please check and record your child's temperature at the same time each day, and record below

Day 1 Sat.	Day 2 Sun.	Day 3 Mon.	Day 4 Tues.	Day 5 Wed.	Day 6 Thurs.	Day 7 Fri.	Day 8 Sat.	Opening Day
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE

*Last day to
Administer/Ship
Vault Test*

*Last day to
Administer/Ship
Precision Test*

*Day Before
Camp Begins* *Taken During
Check-In*

- My child has been fever free for the past eight days

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Section 3

SYMPTOMS IN THE LAST 2 WEEKS

Circle any that apply to your camper

Fever (above 100.4° F)

Change in taste or smell

Cough

Change in appetite

Shortness of breath

Generally not feeling well

Body Aches

Headache

*If any of the above apply to your camper, please email **Jess@rockmont.com** to discuss prior to arrival*

My child has been symptom free for the past 14 days

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I, the parent/guardian, acknowledge that I have filled out this form truthfully and to the best of my ability

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____