

Camp Rockmont

Five Day Health Monitor Form

This form will be collected during the check-in process. Please have it ready.

CAMPER FULL NAME: _____

DATE OF BIRTH: _____

Please complete the two sections and signature spaces:

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

- My child has completed a COVID-19 PCR test
- We practiced low-risk behavior following the test, ahead of the Rockmont session

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

Please check and record your child's temperature and be aware of any symptoms he is exhibiting for .

Day 1 Tues.	Day 2 Wed.	Day 3 Thurs.	Day 4 Fri.	Day 5 Sat.	Opening Day!
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE

*Administer/Mail
Vault Test*

*Day Before
Camp Begins*

*Taken During
Check-In*

Circle any that apply to your son

- Fever (above 100.4° F)
- Cough
- Shortness of breath
- Body Aches
- Change in taste or smell
- Change in appetite
- Generally not feeling well
- Headache

- My child has been fever free for the past five days
- My son has been symptom free for the past five days

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I, _____, acknowledge that I have filled out this form to the best of my ability
print name

SIGNATURE: _____

DATE: _____