



INITIAL HEALTH SCREENING AND EXIT FORM
RESIDENTIAL CAMPS

Dear Parent – This form should be completed prior to arrival and reviewed with the Health Director or designee at check-in.

Table with 4 columns: Camper Name, Camp Location, Screening Date, Screened By (Camp use only)

CAMP INTAKE

Initial Health Form Reviewed: [checkbox] Immunization Form Reviewed [checkbox] Medication Form Reviewed: [checkbox]

(1) Since online registration, has there been any changes to the information provided in the Health History Form? Are there any new health concerns or issues that we should be aware of?
() Yes () No Add comments below:

(2) Does your child have any signs/symptoms of illness or injury upon check-in?
() Yes () No Add comments below:

(3) Has the child had any exposure to communicable disease in the two weeks prior to the camp?
() Yes () No Add comments below:

(4) If applicable, medication given to health-care staff?
() Yes () No () N/A
Comments:

EXIT NOTES – CAMP USE ONLY

(1) Camper left camp with no reported illness or injury symptoms.
() Yes () No If yes list issues

(2) Were all incidents for this camper recorded on the medical log
() Yes () No

(3) Has the parent/guardian been notified of injuries/incidents
() Yes () No () N/A

Exit Report Conducted By
Date