

HEALTH SCREENING FORM

Timberline Baptist Camp's desire is to provide the best experience for our campers, leaders, churches and parents. We truly view this as a partnership and we want to serve each and every person that comes to Timberline in a way that allows them to fully experience what Christ would have them experience. This form is **REQUIRED** for all adults and campers and is to be turned in upon arrival at camp.

Last Name	First Name
Church Name	Date of Birth
Date of Camp	Parent Name (if filling out for camper)

Immediately before your child's (your) arrival at Timberline, we suggest that campers and adults complete 14 days of self-quarantine to reduce their risk of exposure to COVID-19. By self-quarantine, we mean limiting exposure to non-family members, wearing a face mask around non-family members, avoiding large crowds/gatherings, and limiting unnecessary travel.

DAILY TEMPERATURE CHECK						
Please record your camper (<u>your</u>) temperature for the seven days leading up to camp.						
Day One	Day Two	Day Three	Day Four	Day Five	Day Six	Day Seven
Date	Date	Date	Date	Date	Date	Date
Temp Here	Temp Here	Temp Here	Temp Here	Temp Here	Temp Here	Temp Here
My Child has (<u>I have</u>) been Fever free for the past seven days					INITIAL HERE	

SYMPTOMS IN THE LAST TWO WEEKS — Check any that apply to your camper (you):

- | | | |
|--|---|--|
| <input type="checkbox"/> Fever (above 100.0 °F) | <input type="checkbox"/> Cough | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Generally, not feeling well | <input type="checkbox"/> Change in Taste or Smell | <input type="checkbox"/> Body Aches |

My Child has (<u>I have</u>) been Symptom free for the past seven days	INITIAL HERE
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PRE-EXISTING ILLNESSES — Check any that apply to your camper (you):

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Immunocompromised |
| <input type="checkbox"/> Respiratory Disease including Asthma | | |

I Understand the implied risk of Pre-Existing Illnesses	INITIAL HERE
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CONTACT HISTORY — Check any that apply to your camper (you):

- The individual has been diagnosed with COVID-19
- The individual has been in close contact with some exposed to or infected by COVID-19 in the last 14 days.
- The individual has a household member currently on a watch list for COVID-19 exposure.

Ultimately, the choice for your child to attend summer camp at Timberline is a personal one, and you are in control. Please feel free to exclude your camper from attending if you are uncomfortable with the risks of COVID-19 in a summer camp setting, having to travel to our locations, or having your child interact with our staff and other campers.

I verify that I have answered these questions truthfully	SIGN HERE
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