

SHADY CREEK OUTDOOR SCHOOL - Health Screening Form

Must be completed by a qualified Health Supervisor (physician, registered nurse, licensed vocational nurse, or a person who has been trained in accordance with CA H&S Code 1596.866.

School or Group Name: _____

Arrival Date: _____

Campers Name: _____

Date of Birth: _____

Symptoms Check:

Has the camper experienced any of the following in the past 48 hours?

- ☐ Vomiting & / or Diarrhea
- ☐ Sore throat
- ☐ Headache

Visual Screening:

Staff will observe each student for signs of illness such as congestion, cough, general appearance or other visual indicators of being unwell.

- ☐ Student passes visual screening
- ☐ Student does NOT pass the visual screening

Temperature Check:

Students Temperature before entering bus: _____*F

A temperature of 100.4°F or above constitutes a fever and requires exclusion from camp.

If symptoms or fever are present, the student is BCH cleared for camp and CAN NOT enter the bus.

If a student does not pass the health check on arrival day they must be 24 hours symptom free, without any medication to mask symptoms, in order to participate in camp.

Pre-Camp Health Clearance

- ☐ Cleared for camp participation
- ☐ Not cleared for camp due to symptoms / exposure risk

Health Supervisor Signature: _____

Date : _____