

# CAMPER COVID-19 Screening Questionnaire



To reduce the risk of spread of COVID-19 within our camp community, campers should be screened every morning prior to entering our campus.

1) My child is NOT experiencing any flu-like symptoms such as fever (100°F and above) or chills, cough, shortness of breath, sore throat, fatigue (in combination with other symptoms), headache (in combination with other symptoms), muscle/body aches, runny nose/congestion (in combination with other symptoms), new loss of taste or smell, or nausea, vomiting or diarrhea.

True

2) In the last 14 days, my child has NOT had “close contact” with an individual diagnosed with COVID-19. “Close contact” means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19, or coming in direct contact with secretions (i.e. sharing utensils, being coughed on) from a person who has tested positive for COVID-19 while that person was symptomatic.

True

3) My child has NOT been asked to self-isolate or quarantine by a doctor, or a local public health official.

True

4) My child has NOT returned from visiting a high-risk area in the past 14 days.

True

5) No one in my household has returned from visiting a high-risk area in the past 14 days, or if they have, the household member(s) is following the quarantine procedure as outlined in the Governor’s travel order of August 1, 2020 (<https://www.mass.gov/info-details/covid-19-travel-order>).

True

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***If you were NOT able to answer True to any of the above questions,  
please notify Richard Lenfest at 413.822.6837 immediately.***