

2021 GOSHEN PRE-CAMP COVID-19 PRE-SCREENING FORM

Participant Name: _____

Pack Troop Crew Staff Unit #: _____ Troop Designation: Boy Troop Girl Troop

I verify that I have done at least **one** of the following options:

- I have taken a molecular test within 7 days prior to my arrival at camp and I tested negative for COVID-19.

Date of test: _____

Optional: I have attached a photocopy of my test result.

- Myself and my household have restricted our close contacts and completed a daily symptom screening for the 14 days prior to my arrival at camp. During this time, no one had any of the following symptoms:

- Shortness of breath
- Fever of 100.4°F or greater
- New or worsening dry cough
- Flu-like symptoms
- Nausea or vomiting
- Diarrhea
- New muscle or body aches
- New loss of taste or smell

- I am fully vaccinated. The last shot in my schedule was 2 weeks or more prior to the day of my arrival at camp.

Date of last shot: _____ Shot received (Pfizer, Moderna, etc.): _____

Optional: I have attached a photocopy of my vaccination card.

Our signature indicates that we, the youth or adult participant or staff, have completed at least one of the above options.

Participant Signature: _____

Date: _____

Parent or Guardian Signature: _____

Date: _____

(If under the age of 18 years old)