HEALTH SCREENING FORM

Community of Christ

Camps/Retreats/Caravan

Event Name: Dates:

	☐ M ☐ F		
CAMPER'S NAME		AGE	DATE OF BIRTH

STREET/PO ADDRESS CITY STATE ZIP	CONGREGATION

Phone #1 - - Phone #2 - -

PARENT/GUARDIAN PHONE NUMBER(S)

NOTE TO HEALTH SCREENER/NURSE: If any of the items listed below have been reported upon check-in, or observed by assessment, describe or comment on those items in the space below.

ILLNESS WOULD INCLUDE:	COMMUNICABLE DISEASE EXAMPLES:	INJURIES:
☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Fever ☐ Sore Throat ☐ Rash ☐ Open Sores ☐ Cough **NOT RELATED** to Asthma ☐ Pink Eye	☐ Measles ☐ Covid-19 ☐ Mumps ☐ Rubella ☐ Polio ☐ Hepatitis ☐ Tetanus ☐ Diphtheria ☐ Meningitis ☐ Influenza ☐ Tuberculosis (Active on medication for TB ***or*** Inactive= Negative Chest X-Ray)	☐ Broken Bones ☐ Sprains ☐ Old Knee Injuries ☐ Back Injuries ☐ Recent Head Injuries ☐ Lacerations with Stitches/Staples

COMMENTS:

All of the above information will be kept confidential and only shared with event leadership, and emergency responders, as needed in order to provide adequate healthcare while you are at a Community of Christ camp, retreat, or caravan event.

Signature of Health Screener: _____

Signature of Nurse after assessing the camper with any checked item(s): _____

Please sign after updating the medical release form with any new findings: _____