

Supplementary Medical Check-in Worksheet

Camp Lavigne

Participant name: _____ Age: _____

Circle one: Pack Troop Crew number _____

Please indicate which of the following are **true** for you or your child in the last 14 days:

_____ No temperature higher than 100.5

Please write highest temperature for last 2 days here: _____

_____ No cough

_____ No shortness of breath

_____ No sore throat

_____ No muscle aches

_____ No disappearance of sense of smell or taste

_____ No contact with anyone who has been COVID-19 positive or had symptoms above in last 14 days

What is the best phone number to contact you? _____

Parent/Guardian signature: _____ Date: _____

STAFF USE ONLY

Temperature at check-in _____

AHMR checked YES NO

Participant has mask? YES NO

Staff initials _____ Date: _____

Daily Temperature/Symptom Check

Day	Date	Temp	Current Symptom Screen	Staff /SM Initials
*				
1				
2				
3				
<ul style="list-style-type: none"> At check-in 				