

Highland Retreat's Pre-Camp Health Screening – 2022

We all desire to protect the health and safety of our campers and staff. **The best way to minimize illness at camp is to start the camp session with healthy campers.** Therefore, at the direction of the Virginia Department of Health, all Highland summer campers are required to participate in some form of pre-camp health screening.

In the 14-day period before camp begins, all campers are encouraged to be extra aware of their health and potential exposure to any type of infectious illness, from the common cold to COVID-19. We want all campers to be healthy and able to enjoy their summer camp experience!

In order to be admitted to camp, the camper must do *one (1)* of the following things:

1. **Show proof of a negative at-home COVID test 24-72 hours prior to camp *and* complete the tracking chart (below) for each day after the negative COVID test.** *This is the option recommended by the VDH, since recent COVID variants are often asymptomatic. The at-home tests are generally free or low-cost now.*
2. **Show proof of COVID-19 vaccination *and* complete the tracking chart (below) for the 7 days prior to camp.**
3. **Complete the tracking chart (below) for the 14 days prior to camp.**

If your child is showing symptoms that may be indicators of COVID-19, please consult your doctor. Campers who are showing symptoms of infectious illness or who have a positive COVID test should stay home. Please let Highland know as soon as possible (call 540-705-0512) if you need to cancel a registration for health reasons.

Camper's name: _____ Camp session: _____

Pre-camp screening symptom tracking chart

Please record the camper's temperature each day, and note any potential symptoms of COVID-19. These symptoms include: Fever (100.4 °F or higher); cough; difficulty breathing or shortness of breath; severe headache; chills; sore throat; muscle or body aches; loss of taste or smell; nausea, vomiting, or diarrhea.

<i>2 weeks prior</i>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Temp.							
Symptoms (list any symptoms, or write "none")							
<i>1 week prior</i>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Temp.							
Symptoms (list any symptoms, or write "none")							

Signature of parent/guardian(s) who completed the chart: _____