Camp Shalom

DAILY CAMPER SCREENING

Date _____ **Camper Name** _____

Cabin _____ **Staff Screener** _____

Current Temperature* _____ **if over 100°f, check ONE additional time and then let the family know they need to leave. Call Alix if necessary*

In the past 24 hour has your child experienced:	
subjective fever (felt feverish)?	❑ Yes ❑ No
new or worsening cough?	❑ Yes ❑ No
shortness of breath?	❑ Yes ❑ No
sore throat?	❑ Yes ❑ No
diarrhea?	❑ Yes ❑ No

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