Camp Longhorn COVID Screening Form

Camp Longhorn is thankful for your trust and partnership with us to provide a safe, healthy, and happy camp experience every summer. To make our 82nd summer a safe and healthy one, we are implementing procedures for COVID-19 screening and need your help.

We understand that campers & staff have lives outside of camp. Campers & staff may be coming to camp right after wrapping up school, sports, or social events. We just ask that campers, staff, and their families be responsible about their behavior, especially the two weeks leading into camp. In the 14 days leading up to camp, please be mindful of things like physical distancing, mask-wearing when not at home, and refraining from indoor social gatherings with people outside of their household.

This completed form is required for check-in at all Camp Longhorn locations and should be completed prior to camper & staff arrival at camp.

Full Name					
Date of Birth	Inks	_ Springs	сз	Term	
One of the following three is requi	red for ch	eck-in. Plea	se select	the one that applies to you:	
(*Please attach a printed copy)					
Negative COVID-19 PCR test (not		_	-	•	
· · · · · · · · · · · · · · · · · · ·				earlier than Tuesday for a Saturday arrival)	
Completed COVID-19 vaccination	-				
Positive COVID-19 test from with	in the last	90 days, but	no later th	nan 10 days prior to arrival	
Has the camper/staff member had	any COV	ID-19 symp	toms in th	he last 10 days? (check all that apply)	
Fever (above 100.4)					
Symptoms of respiratory illness	(nasal dra	inage, conge	stion, coug	gh, shortness of breath)	
Headache					
Loss of taste or smell					
Diarrhea					
Chills					
Muscle pain or body aches					
Fatigue					
Sore throat					
Nausea or vomiting					
Positive COVID test in the last 1	0 days				
CONTACT HISTORY (check all that	apply)				
The camper/staff member has be	een in clo	se contact wi	ith someon	ne exposed to or infected with	
COVID-19 in the last 14 days					
The camper/staff member has a	a househol	d member cu	irrently qua	uarantined due to exposure to COVID-19	
				accinated consider getting a COVID-19 to elf-quarantine for a full 7 days after trave	
I consent to the above disclosure a	ınd verify	that I have	answered	d these questions truthfully.	
Parents or Staff Signature				Date	