

# Midlands Mission Center COVID-19 Health Screening Form

2022

COVID-19 Health Screening Questions are to be completed at registration and each day thereafter. If any of the responses are yes, or the camper receives a positive result on the rapid antigen test, the camper should return home. All expenses related to retrieving a camper or staff member shall be borne by the parent or caregiver.

<b>Are you currently experiencing any of the following symptoms?</b>	<b>Yes</b>	<b>No</b>
Fever and/or chills – documented temperature of 100.4 degrees		
Use of fever reducing medication within the last 24 hours		
New cough that is not due to another health condition		
Nasal congestion or runny nose		
New shortness of breath or difficulty breathing that is not due to another health condition		
New chills that are not due to another health condition		
New muscle aches that are not due to another health condition, of that may have been caused by a specific activity		
Fatigue (more tired than usual)		
Headache		
New loss of taste or smell		
Abdominal pain, diarrhea, nausea or vomiting		
New onset of poor appetite or poor feeding		
Sore throat that is not due to another health condition		
Have you had a positive test for the coronavirus within the past 10 days?		
Were you currently tested for COVID-19 because you were sick and are still waiting for the lab results?		
In the past 10 days, have you had a close contact (within 6 feet for 15 minutes or more) with anyone suspected or confirmed to have COVID-19?		

Rapid Antigen Test conducted by: \_\_\_\_\_

Result of Rapid Antigen Test: Positive  Negative

Signature of Camper or Parent/Care Giver: \_\_\_\_\_

Date: \_\_\_\_\_