

Bill Rice Ranch COVID-19 Screening Form

The safety of our employees, residents, families and visitors remain our highest priority at the Bill Rice Ranch. Please complete this questionnaire no earlier than 24 hours before you leave for camp.

1. Are you currently experiencing any of the following symptoms? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Congestion/Runny nose |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> New loss of sense of smell/taste |
| <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Other: | <input type="checkbox"/> No symptoms |

Are these symptoms new or chronic

2. Have you or someone in your immediate family had prolonged contact with someone with a confirmed diagnosis of COVID-19 (corona-virus) within the 14 days before arriving to camp?

Yes No

- If yes, you will not be allowed to attend camp.
- We will check campers' temperatures upon arrival. Any camper that has a temperature of 100.4 or higher will not be able to attend camp that week.

Camper Name: _____

Temperature Results: _____ Date: _____ Time: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____