

2021 Queens Athletic Camps
COVID-19 Screening Checklist for Staff and Participant Campers

Top portion to be completed on the first day of camp for all staff and camp participants.

Staff/Camper Name: _____ Age: _____

Camp: _____ Date: _____

Intake questions:				YES		NO	
Have you or your child had close contact with anyone diagnosed with COVID-19 (confirmed or probable) within the last 14 days?							
Have you or your child experienced any of the following symptoms in the past 14 days?							
	YES	NO		YES	NO		
Cough	<input type="checkbox"/>	<input type="checkbox"/>	Fever	<input type="checkbox"/>	<input type="checkbox"/>		
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Body aches	<input type="checkbox"/>	<input type="checkbox"/>		
			Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>		
			New loss of taste/small	<input type="checkbox"/>	<input type="checkbox"/>		
			Vomit and/or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>		
				YES		NO	
Have you or your child had close contact with anyone demonstrating the above symptoms in the past 14 days?							
Initial Temperature Check: (must be below 100.4)							

Staff performing initial screening including visual check of symptoms: _____

The following screening questions will be asked everyday of staff and participants:

- Has your COVID-19 exposure information changed in the last 24 hours?

Day 2 Day 3 Day 4
 YES NO | YES NO | YES NO

- Are you experiencing any of the symptoms related to COVID-19?
 (Cough, shortness of breath, fever, body aches, sore throat, etc.)

Day 2 Day 3 Day 4
 YES NO | YES NO | YES NO

- Temperature Check (must be below 100.4):

Day 2 Day 3 Day 4
 _____ _____ _____

Staff Initials: (asked questions and performed visual check for symptoms)

Day 2 Day 3 Day 4
 _____ _____ _____