



Summer 2021 COVID-19 Staff Health History Addendum

As we start summer 2021, we encourage camps to consider adding COVID-19 specific questions to the staff health history. We think you will find answers to these questions useful as you plan and operate camp. The mission is the health and safety of camp communities throughout the camp season.

COVID-19 Health History

1. Will you travel outside the US within 14 days of the start of camp? (Please circle)

Yes No

2. Do you live in congregate housing (apartments, shelters, condos, transitional housing)?

Yes No

3. Have you been diagnosed with COVID-19 in the last 90 days?

Yes No

If Yes:

a. Date of your diagnosis? _____

b. Was the diagnosis confirmed with a COVID-19 Test? **Yes No**

Please immediately submit a copy of the COVID-19 test to camp. We will need to determine if you need to participate in the pre-camp testing cadance.

4. If you were diagnosed with COVID-19 in the last 6 months,

a. Have you visited with a healthcare provider for a post-illness visit prior to returning to physical activity? **Yes No**

Please send a note from your healthcare provider indicating that you are cleared to participate in the physical activity of camp.

5. Have you had any other illness within the last 6 months?

Yes No

Name or type of illness: _____

6. Do you have any other condition that may mimic the symptoms of COVID-19?

Please explain:

7. If you have a medical diagnosis that is considered high-risk or that could put you at increased risk of complications with COVID-19, please be evaluated by a healthcare provider and *send a note indicating that you are cleared to participate in camp.*

Pre-Camp Behavior Questions, in the 14 days prior to camp:

1. Have you remained masked and distanced from all individuals outside your immediate family unit?
Yes No
2. Have you attended a gathering of more than 20 people (i.e. weddings, funerals, parties)?
Yes No
3. Have you attended or participated in a group program (i.e sport event, after school program, YMCA)?
Yes No

Vaccination

1. Will you have completed a COVID-19 vaccine series at least 14 days prior to arrival at camp?
Yes No
Please attach a copy of your COVID vaccination card.

Permission to Test

I attest that I am 18 years of age or older and give permission to _____ to perform screening, diagnostic, and/or mitigation testing for COVID-19 on me with a COVID-19 test either through nasal swabs or saliva specimens. The expense of these tests may or may not be covered by insurance and therefore you could be responsible for the costs associated with testing.

Signed: _____

Date: _____

****** If your camp is requiring pre-camp testing, please seek guidance from your camp about these expectations and/or requirements.

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