

CW Health Screening Form

Camper's Name: _____

In the past 14 days have you had:

1. Fever (100°F or greater) _____ Yes _____ No

2. Shortness of breath _____ Yes _____ No

3. Cough _____ Yes _____ No

4. Other illness related symptoms _____ Yes _____ No

Current Temperature: _____

Lice Test: _____ Pass _____ Fail