



Pre Health Screen Student: First _____ Last _____

Dear families,

In an effort to minimize illness at Ranch we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your child has any of the following symptoms prior to camp and record a temperature daily 7 days prior to camp. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact M&M Ranch for further guidance.

Symptoms (symp):

- 1. Cough
- 2. Fever
- 3. Chills
- 4. Muscle Pain
- 5. Sore throat
- 6. New loss of taste or smell
- 7. Nausea
- 8. Vomiting
- 9. Diarrhea
- 10. Shortness of breath or difficulty breathing

Please Initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _____
2. No one in our household has been sick in the 14 days prior to camp. Initial _____
3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____
4. My child has adhered to our state's guidelines regarding COVID19. Initial _____

Start date of temperature/ symptom screening:
Please Initial _____

Day:	7	6	5	4	3	2	1
Temp/ symp							

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to ranch healthy is vital to a healthy camp for all students.

Parent Signature: _____ Date: _____

Student Name: First _____ Last _____