

Camp Bethel Adult Summer Staff 14-Day Pre-Screening Form

You may complete this form online at www.CampBethelVirginia.org/StaffResources. The following information must be filled in by the adult staff member. Fill in the left column with your name and the name of every member of your household. For the 14 days before your arrival at Camp Bethel, indicate with a check mark that you and everyone in your household meets the following criteria:

- 1) Experiencing NONE of the following known symptoms of COVID-19:** New cough, Shortness of breath or difficulty breathing, Fever of 100.4 or greater, Chills, Muscle Pain, Sore throat, New loss of taste or smell, Nausea/Vomiting/Stomach ache, Diarrhea, Severe Headache
- 2) Have NOT come into contact with anyone displaying the symptoms listed above or anyone diagnosed with COVID-19.**
- 3) Have adhered to your state and local guidelines regarding COVID-19 by masking when appropriate, physically distancing, washing your hands, and taking steps to get vaccinated. Virginia state guidelines:** <https://www.virginia.gov/coronavirus/>

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Participant (Summer Staff) _____														
Household Member 1 _____														
Household Member 2 _____														
Household Member 3 _____														
Household Member 4 _____														

By signing this form, I acknowledge that I completed this health screening fully, daily, and to the best of my ability for the 14 days leading up to my arrival at Camp Bethel. I understand that arriving at Camp Bethel in good health is necessary for my safety, my coworkers' safety, and the safety of Camp Bethel's campers.

Adult Staff Member's Signature

Date