



Participant Name: _____

YMCA of the Triangle Overnight Camp Program COVID-19 MEDICAL PROTOCOLS AND PRACTICES

In light of our current reality, we have elevated our medical protocols and practices using recommendations from the Centers for Disease Control and Prevention (CDC), American Camp Association (ACA), North Carolina State Health and Human Services, Pamlico County Health Department, and Wake County Health Department and with guidance from our Camp Medical Advisory Committee. As always, we will continue to monitor guidance from the CDC and the State of North Carolina. We recognize that COVID-19 guidelines will change as the landscape changes, and will adapt our programming and protocols accordingly.

To minimize illness at Camp, we ask that you monitor the health of each participant daily beginning 10 days prior to their arrival at Camp.

EACH participant arriving at Camp MUST print, complete, and submit this 10-Day screening form. No one taking part in programs will be allowed to enter without a form.

10-Day Temperature Check

Start date of temperature check/symptom screening: Day _____ Month _____

(A fever is 100.4 and greater. Symptoms of COVID-19: Fever, Chills, Shortness of breath/difficulty breathing, loss of taste/smell, new cough, new onset of severe headache especially with a fever, diarrhea or vomiting, and a sore throat.)

Day	10	9	8	7	6
Temperature	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Symptoms Present	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Day	5	4	3	2	1
Temperature	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Symptoms Present	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PRE-SCREENING ASSESSMENT

Please read carefully and check the appropriate answer. Have you in the last 10 days:

Been diagnosed with, or quarantined in relation to, COVID-19 or living in the same household as a person with symptomatic laboratory-confirmed COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable
Experienced, or been around anyone experiencing, any symptoms of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Had any reason to believe you have COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Traveled to/from CDC countries with widespread ongoing transmission with travel restrictions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Returned from a cruise ship or river cruise voyage?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answer yes to any of these questions, or record a temperature of 100.4 or greater, please call the number below (as it corresponds to your program) for further guidance.

- Non Y Guides programs at Camp Sea Gull and Camp Seafarer: 252-249-1212
- Non Y Guides programs at Camp Kanata: 919-556-2661
- All Y Guides Programs: 919-719-9695

(The section below is to be completed by those attending programs without a parent.)

Your signature indicates that you have completed this health screening 10 days prior to Camp and to the best of our ability. We understand that arriving to Camp healthy is vital to a healthy Camp experience for all campers, staff and the community.

Parent Signature: _____ Date: _____