

PRE-SCREENING ASSESSMENT

Please read carefully and check the appropriate answer. Have you in the last 14 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

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 14 days prior to Camp and to the best of your 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: _____