



160 Conover Road, Wickatunk, NJ 07765
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 Katericenter.org

Covid -19 Daily Screening for Campers and Staff

Name: _____

Date:

Parents/Guardians: Please complete this short check each morning before heading to camp. If 2 or more of the symptoms in Column A are checked or at least 1 symptom in Column B is checked, please keep your child home and notify camp.

Any of the symptoms below could indicated a Covid 19 infection and a risk of spreading illness to others. Please note this list does not include all possible symptoms and children with Covid 19 may experience any, all or none of these symptoms. Please use this list to check your camper daily.

COLUMN A-CHECK ALL THAT APPLY		COLUMN B-CHECK ALL THAT APPLY	
<input type="checkbox"/>	Fever (measured or subjective)	<input type="checkbox"/>	Cough
<input type="checkbox"/>	Chills	<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Rigors	<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	Muscle Aches	<input type="checkbox"/>	New Loss of Smell
<input type="checkbox"/>	Headache	<input type="checkbox"/>	New Loss of Taste
<input type="checkbox"/>	Sore Throat	<input type="checkbox"/>	
<input type="checkbox"/>	Nausea or Vomiting	<input type="checkbox"/>	
<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	
<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	
<input type="checkbox"/>	Congestion or Runny Nose	<input type="checkbox"/>	

NJ maintains restriction on travel. If you travel please follow all NJ quarantine guidelines.