The Arc
Dauphin County

COVID-19 Health Screening Checklist

Consumer:________________________________ **Date:**_________________________

1. Do you have any of the following symptoms? Check all that apply.

☐ **Yes** ☐ **No**

	Fever – equal to or higher than 100° Fahrenheit		Shortness of breath or difficulty breathing
	New or worsening cough		New loss of taste or smell
	Diarrhea		Vomiting
	Chills		Repeated shaking with chills
	Muscle pain		Weakness
	Headache		Sore throat

2. In the past 14 days, have you had a potential exposure to COVID-19? A potential exposure means a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19 for at least 10 minutes. The timeframe for having contact with an individual includes the period of time 48 hours before the individual became symptomatic.

☐ **Yes** ☐ **No**

3. Are you currently diagnosed with COVID-19, tested positive for COVID-19, have a test pending for COVID-19, or been told by a medical provider that you may or do have COVID-19?

☐ **Yes** ☐ **No**

4. In the past 14 days, have you visited any of the states listed in the PA DOH's travel advisory?

☐ **Yes** ☐ **No**

If the answer is yes, it is recommended that you quarantine for 14 days upon return. Routinely check the Pennsylvania DOH Travelers website for the most up-to-date listing of states under a travel advisory. The website is:

https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx

Please provide a list of states visited in the space below when completing this screening.

States:____

____
Camper Signature

____
Date

____
Parent/Guardian Signature

____
Date