



REQUIRED VISTA HEALTH SCREENING FORM

The health and safety of our campers and their families is our primary concern. In an effort to run a responsible summer program this form is **REQUIRED FOR ALL CAMPERS** prior to camp.

CAMPER NAME :

CABIN:

DAILY TEMPERATURE CHECKS 7 DAYS PRIOR TO CAMP

Seven days prior to camp, please begin logging your camper's daily temperature. Campers must be fever free for seven days prior to arrival on camp.

Date:	Date:	Date:	Date:	Date:	Date:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My camper has been without a fever for seven days (initial)_____

SYMPTOM FREE

Please check all that apply to your camper

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Fever above 100 | <input type="checkbox"/> Shaking with chills | <input type="checkbox"/> Loss of taste / smell | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Muscle pain | <input type="checkbox"/> Vomiting or Diarrhea | <input type="checkbox"/> Known contact with Covid-19 |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Rash |

My camper has been symptom free in the past 14 days (initial)_____

PRE-EXISTING CONDITIONS

Please check all that apply to your camper

- | | | | |
|-----------------------------------|---|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Respiratory Disease/Asthma | <input type="checkbox"/> Immunocompromised | <input type="checkbox"/> Cardiovascular Disease |
|-----------------------------------|---|--|---|

Children with pre-existing conditions are at an increased risk of severe illness due to Covid-19. I have consulted with my child's pediatrician and I understand that my child is at an increased risk due to his/her pre-existing condition.

I understand the risk associated with pre-existing conditions and Covid-19 (Initial)_____

HISTORY PRIOR TO CAMP

Please check all that apply to your camper

- Diagnosed with Covid19 Close contact with an individual diagnosed with Covid-19
 Traveled through or from a city currently requiring self-quarantine Has a family member self-quarantining

I attest that I have answered this truthfully

(Initial) _____

CONSENT

The health of our campers, families and staff is our first priority. We want to do our very best to lessen the risk your child and family have while still experiencing the wonder and joy of Vista Camps. We will be working diligently to increase our cleaning procedures throughout camp from the dining hall to cabins to activity areas. We will be adding additional measures to our programming, training, staffing, nursing protocols and facilities to prevent the spread of Covid-19. Additionally, we will continue to monitor CDC, local and State Health Department guidance to adapt and modify our practices to best suit the needs and health of your campers.

Ultimately, the choice for your child to attend summer camp is a personal one. If you are uncomfortable with the risks of COVID-19 in a summer camp setting, having to travel to camp, or having your child interact with our staff and other campers, we ask that you wait until 2022 to send your child.

If you have any questions regarding this form or are unsure of your plans please call (830)367-5353

I attest that my answers in this Health Screening form are truthful regarding the health of my camper.

PARENT PRINTED NAME: _____

PARENT SIGNATURE: _____