

Mountain Meadows Bible Camp

Health Screening Form

(Required for all attendees staying over 72 hours)

By state and county regulations, the Health Screening Form must be completed for each attendee (camper and leaders). Each person needs to be screened by a qualified person (doctor, nurse, EMT etc.) within 24 hours of arrival to camp.

Camper or Counselor Name _____ Camp Dates _____

Gender: M / F Church or Group Name _____

Name of Emergency Contact _____ Relationship _____

Phone Number of Emergency Contact (home) _____ (cell) _____

Health Questions

N Y 1. In the last week, have you had and *nausea, vomiting, and/or diarrhea* with a *fever*?
If YES, describe: _____

N Y 2. In the last week, have you had a *cough, congestion, and/or sore throat* with a *fever* or a *rash*?
If YES, describe: _____

N Y 3. Has anyone in your family had the *flu* this past week?

N Y 4. Do you have any open *sores* or *rashes* that need to be treated?
If YES, describe: _____

N Y 5. Do you have an *ear* infection or *eye* infection that needs medication?
If YES, describe: _____

N Y 6. Have you had the Chicken Pox *disease* or the Chicken pox *vaccine* (Varicella)?

N Y 7. Have you had any *recent injuries* that involved a *casted fracture, head injury (concussion),*
or *wound* that required *staples* that *need to be removed while at camp*?
If YES*, describe: _____

*If YES to #7, you must be cleared by a doctor in order to participate in camp activities.

N Y 8. Did you bring any medication with you to camp? (If under 18 years old or staying in a cabin with kids, all medications must be locked and administered by qualified staff). Please fill out and submit Medication Administration Record (MAR) with medications.

Signature of Health Screener _____ Date _____