



GREAT AWAKENING 10 DAY HEALTH SCREENING

Participant Name: _____ Session: _____

Great Awakening Health Screening

Dear Families,

In an effort to minimize illness at our event we ask that you check your health daily beginning **10 days prior to the Great Awakening event**. We want to make sure we are starting our events “clean” with healthy Participants and this begins at home. Please bring this completed form with you at the beginning of the event.

You must have this to be able to participate at the event.

Please indicate if you have any of the following symptoms prior to the event and record a temperature daily. If any temperature or symptoms are present, please get evaluated by a licensed provider and contact

Please initial

1. I have not been around anyone with any of the listed symptoms or diagnosis of COVID 19 in the 10 days before the start of the Great Awakening Event. Initial _____
2. No one in our household has been sick in the 14 days prior to the GA event. Initial _____
2. I nor anyone in my household has traveled by air or traveled out of state in the 14 days prior to the event. Initial _____

camp for further guidance.

Symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Day: Date	10	9	8	7	6	5	4	3	2	1	Camp Drop off
Temp /Symptom											

Our signature indicates that we completed this health screening daily for 10 days prior to the Great Awakening Event and to the best of our ability. I understand that arriving to the Great Awakening event healthy is vital for all Participants.

Parents Signature (If child) : _____ Date: _____

Participant Signature: _____ Date: _____