

Participant Name: _____.

Pre-Program Health Screening

Dear families,

In an effort to minimize illness we ask that you check the health of each participant daily beginning 14 days prior to the program. The best programs start with healthy participants and this begins at home. Please bring this completed form for each participant with you at the start of the program.

Please indicate if you or your participant has any of the following symptoms prior to the program and record a daily temperature. If any temperature or symptoms are present please have the participant evaluated by a licensed provider and contact Fieldguides for further guidance.

Symptoms:

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

Please initial

1. I or my participant have not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before the start of the program. Initial _____.

2. No one in our household has been sick in the 14 days prior to the program. Initial _____.

3. I or my participant have not traveled by air in the 14 days prior to the hike. Initial _____.

4. I or my participant have adhered to our state's guidelines regarding COVID-19. Initial _____.

Start date of temperature/ symptom screening: _____.

Day:	14	13	12	11	10	9	8
Temp/ Symptom							
Day	7	6	5	4	3	2	1
Temp/ Symptom							

Our signatures indicate that we have completed this health screening daily prior to the program and to the best of our ability. We understand that arriving to the program healthy is vital to a healthy experience for all participants.

Participant Signature: _____.

Parent/Guardian Signature: _____.