

## Briar Hill - Health Screening

**Camper Name(s):** \_\_\_\_\_

For every camper being dropped off, I certify that the answer to ALL 4 of the following questions is "NO":

1. Has your child had a fever of 100.4 or higher within the past 48 hours?
2. Does your child have any symptoms of illness?
3. Has any member of your household tested positive for COVID-19 in the past 14 days?
4. Is your child currently advised to quarantine for any reason (exposure, travel, etc)?

**Parent Full Name** (please print) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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