

Welcome to Camp Vista Health Screening

To make this screening as effective and efficient as possible, please be ready to answer the following questions:

1. In the last 24-72 hours have you...
 - had a fever?
 - had a new or worsening cough?
 - sore throat?
 - vomiting?
 - new or worsening shortness of breath?
 - diarrhea (unless due to know cause)?
 - Sudden loss of taste or smell?
2. In the last 20 days, have you:
 - Been exposed to chicken pox or other communicable disease?
 - Examples: pink eye, head lice, measles, mumps, pin or ring worm, strep throat, COVID-19, bed bugs
3. Have you had any significant changes in your health in the past two months?
4. In the past 14 days have you had close contact with an individual diagnosed with COVID-19?
5. When did you last have a temperature above normal (97°F - 99°F)?
6. Do you have any new rashes, sores or scabs?
7. Is there anything else camp should be aware of with your health history?
8. If you have any medications, be sure to turn them in to the nurse.

Thank you for helping us keep camp a safe and healthy place.