

## Health Screening Questionnaire

1. Have you or anyone else in your household recently experienced:
  - a. a fever in the past 48 hours?
  - b. chills or muscle pain?
  - c. shortness of breath, difficulty breathing, or a new cough?
  - d. sore throat?
  - e. diarrhea, vomiting, or abdominal pain?
  - f. Congestion and/or runny nose?
  - g. headache?
  - h. a loss of taste or smell?
2. Have you or anyone in your household been outside of Juneau in the last 5 days? - Please Follow State and City Mandates regarding travel and testing
3. Have you or anyone in your household had close contact with anyone who has a confirmed case of COVID-19 in the past 10 days?

If you answered yes to any of these questions, we will likely ask that you keep your child home, except in the case of a chronic health issue.

Thank you! Please remember to practice social distancing even when you're not at camp, avoid gatherings, and keep a record of anyone you come in close contact with.