
GROUP/GUEST NAMES

DATE

LAKE GENEVA CAMPS & CONFERENCES
HEALTH SCREENING

To keep our campers, retreat guests, and staff safer, we are screening everyone that enters our properties. Please answer the following questions on behalf of yourself and everyone in your household before you leave for camp. We ask that those who say “yes” to the following questions stay home and not come to camp in order to keep camp as safe as possible.

- Do you OR any of your household members have any of the following symptoms?
- Temperature: Fever > 100.4 F or 38.0 C
YES OR NO
 - Respiratory Symptoms: New or worsening cough, shortness of breath, or sore throat?
YES OR NO
 - GI Symptoms: New onset of nausea, vomiting or diarrhea? **YES OR NO**
 - Miscellaneous: New onset of chills, repeated shaking with chills, muscle pain, headache, or loss of taste or smell? **YES OR NO**

- Have you or a household member tested positive for COVID-19 in the last 14 days? **YES OR NO**

These questions will be asked again upon arrival.