Health Check at EGP Camp

For your safety and others, every day every person (youth and adult) needs to have their temperature checked and fill out this form please.

Name: _____ Room #: _____

Circle 1… Mon./ Tues./ Wed./ Thurs. Time: _____am / pm

Circle 1… Calvary / Grace Formed / Hobbs Group / New Life / OpenDoor / Revive

Have you had: (If no to all, you can draw one line through all.)

Fever or chills	☐ Yes	☐ No
Cough	☐ Yes	☐ No
Shortness of breath/difficulty breathing	☐ Yes	☐ No
Fatigue	☐ Yes	☐ No
Muscle or body aches	☐ Yes	☐ No
Headache	☐ Yes	☐ No
New loss of taste or smell	☐ Yes	☐ No
Sore Throat	☐ Yes	☐ No
Congestion or Runny Nose	☐ Yes	☐ No
Nausea or Vomiting	☐ Yes	☐ No
Diarrhea	☐ Yes	☐ No

- (Leader fills out below portion) -

Temp taken by: _____ Date: _____

Temperature: _____°F

Temperatures of 100° or more please notify Officer Bobby.