## Eastminster COVID Questionnaire

| Camp  | per Name   |
|-------|--|
| Eastn | ninster Summer Retreat   |
| 0     | I agree that I have not been exposed to my knowledge to COVID in the past 2 weeks. |
| 0     | I agree that I have not run a fever to my knowledge in the past 2 weeks.           |
| 0     | I agree that I have not had any cold or COVID symptoms for the last 2              |
|       | weeks.   |
| 0     | I agree that I am currently cold and COVID symptom free right now.                 |
| 0     | I agree to notify the health room of camp administration if I start to feel        |
|       | cold symptoms while at Westminster Woods.  |
| 0     | I agree to notify Westminster Woods if I (or my camper) become ill                 |
|       | within 72 hours of leaving camp.   |
|       |  |
|       |  |
|       |  |
| Signa | ture Date  |

