

## South Florida Council Camper/Day User Daily COVID Questionnaire.

**Please answer “Yes” or “No” to the following four questions:**

- \_\_\_ Are you feeling sick?
- \_\_\_ Do you have an elevated temperature (over 100) , or do you have any other symptoms of COVID?
- \_\_\_ Have you tested positive for COVID?
- \_\_\_ Have you been exposed to anyone in the last 14 days whom has COVID symptoms and has gone for COVID testing, or whom has tested positive for COVID?

\_\_\_\_\_ Camper Name/Day User

\_\_\_\_\_ Camper/Day User Signature

\_\_\_\_\_ Today's Date

Any YES answer to any questions on the above questionnaire will require that you immediately leave the facility to protect all guests. Please do not return until you can answer all questions with a NO. Thank you.