

# SAMPLE HEALTH QUESTIONNAIRE

Every person entering Camp Okoboji grounds must complete a Health Screening Questionnaire. If an answer is 'yes' to any of the questions, they are not permitted to stay on Camp Okoboji grounds.

- YES NO 1. Have you been tested for COVID-19 and are waiting to receive test results?
- YES NO 2. Have you had close contact or cared for anyone with confirmed COVID-19 in the last 14 days?
- YES NO 3. Have you had any of these symptoms in the last 14 days?  
- Fever greater than 100.4  
- Difficulty breathing or shortness of breath  
- Persistent cough  
- Loss of smell or taste
- YES NO 4. Are you currently experiencing fever over 100.4, difficulty breathing or cough?
- YES NO 5. Do you have any flu-like symptoms?
- YES NO 6. Do any of your immediate family members have flu-like symptoms?
- YES NO 7. Have you traveled internationally or flown in the past fourteen days?
- YES NO 8. Have you been in close contact with anyone that has traveled internationally or flown or been on a cruise in the past fourteen days?

Any person that knowingly submits false information on this questionnaire can be held liable for their actions. Guests are also required to notify Camp Okoboji if they have been in contact with anyone who becomes sick.

My answers to these questions are true and accurate. I understand that I have personal responsibility to practice proper mitigation guidelines and follow Camp Okoboji requirements in protecting the health and well-being of myself and other guests. I acknowledge the risks cannot be fully eliminated and hereby release Camp Okoboji from any and all liability related to COVID-19 Pandemic and Coronavirus.

SAMPLE SIGNATURE

\_\_\_\_\_  
Signature (or Signature of Parent/Guardian)

\_\_\_\_\_  
Date:

SAMPLE PRINTED NAME

\_\_\_\_\_  
Print name (or Name of Parent/Guardian)

NAME OF MINOR

\_\_\_\_\_  
Print Name of Minor