

# COVID-19 GUEST SCREENING

Health screening of guests is critical to prevent an illness outbreak from starting. Screening shall be conducted by a qualified group member for all guests within 24 hours of arrival at Big Bear Lake Christian Conference Center. It is recommended, pre-screening of guests be done prior to arriving at camp to prevent the spread of illness. Records of health screenings and procedures must be maintained at the camp the your Health Supervisor

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Last Name	First Name	Middle Initial
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Church or Group name	Arrival Date	Departure Date
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**DIRECTIONS:** Simply check "YES" if any of the questions below are true without specifying the factor that applies to you. Check "NO" if none of the questions apply to you.

**Within the last 14 days:**

● Have you or your child been in close contact with someone with a suspected or confirmed case of COVID-19?

Yes \_\_\_ No \_\_\_\_\_

● Have you or your child experienced any symptoms associated with COVID-19 symptoms (fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell)?

Yes \_\_\_ No \_\_\_\_\_

**TEMPERATURE TAKEN WITH 24 HOURS OF COMING TO CONFERENCE CENTER:** \_\_\_\_\_

**Result of the health screening:**

No Yes

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Attended camp                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Quarantined at camp in the isolation area |
| <input type="checkbox"/> | <input type="checkbox"/> | Sent home/did not attend camp             |

Signature of Health Supervisor \_\_\_\_\_ Date Reviewed \_\_\_\_\_