



Hume Lake Christian Camps
Health Screening Form

Your Name: _____ Camp date: _____
Sex: M ___ F ___ Home or Cell phone #: _____

Church/School name and city (that you came) or if you came as an Individual, your city name:

1. In the last week, have you had any nausea, vomiting, and/or diarrhea with a fever? N [] Y []
If yes, please describe and record his/her current temperature here:

2. In the past week, have you had a cough, congestion, and/or sore throat with a fever or rash?
N [] Y [] If yes, please describe and record temperature here:

3. Has anyone in your family had the flu this past week? N [] Y [] _____

4. Do you have any open sores or rashes that need treated? N [] Y [] If yes, describe:

5. Do you have an ear infection or eye infection that needs medication? N [] Y []

6. Have you had the Chicken Pox (Varicella) disease or the Chicken Pox (Varicella) vaccine?
Yes-disease [] Yes-vaccine [] No to both []

7. Have you had any recent injuries that involved a casted fracture, head injury (concussion), or
wound that required staples or stitches that need to be removed while you are here?
N [] Y [] If yes, please describe:

**If yes to any of question #7, they must be cleared by a doctor in order to participate in camp
activities. If yes to question #1, must take and record a temperature on this sheet.

Nurse or Health Screener signature: _____ Date: _____