

**Nor-Ton Red Jacket Club, Inc. – Donald F. Miller Park**  
**COVID-19 Screening Form**

All people participating in activities at the Nor-Ton Red Jacket Club, Inc. – Donald F. Miller Park, must complete this form. Forms must be completed each day for multi-day events. The forms must be collected by the group leader and turned in to the Camp Ranger during Check-In.

Name of Group: \_\_\_\_\_

Name of Person: \_\_\_\_\_

\_\_\_\_\_ I confirm that I have not experienced any symptoms associated with COVID-19 in the past 14 days, including:

Fever (greater than or equal to 100.4 degrees Fahrenheit

Cough

Shortness of breath or difficulty breathing

Chills

Repeated shaking with chills

Muscle pain

Headache

Sore throat

New loss of taste or smell

If you are experiencing any of these symptoms, contact your personal doctor.

\_\_\_\_\_ I have discussed my symptoms with my doctor and have confirmed they are not related to COVID-19, (for example migraines, allergies, etc....)

\_\_\_\_\_ I confirm that I have not tested positive for COVID-19 in the last 14 days.

\_\_\_\_\_ I confirm that I have not been in close physical contact with anyone who is confirmed or suspected to be infected with COVID-19 within the past 14 days.

If you are unable to confirm that you meet these criteria, you must immediately leave the activity.

\_\_\_\_\_ Current Temperature in Degrees Fahrenheit

\_\_\_\_\_  
Responsible Adult Signature

\_\_\_\_\_  
Date