



Attention Guest Group Leaders: New Health Screening Process

Dear Group Leader,

In an effort to provide the highest quality experience at Forest Home, we have implemented a new health screening process that is in accordance with the American Camping Association and The California Health Code. According to new State regulations for facilities like ours, ALL members in your group will need to participate in a brief health screening process within 24 hours of the beginning of your event.

Each group can either perform the Health Screening process prior to arrival or medical staff from Forest Home can lead you through the process upon your arrival. It is highly recommended that the Health Screening process be completed prior to your arrival for multiple reasons. First, it will speed up your process and allow you to get through check in without delay. Second, it will allow you to identify any potentially ill campers prior to your departure and have them stay home, which is the best way to minimize exposure to other students and leaders.

If you choose to perform the Health Screening process prior to your arrival at Forest Home, the **Health Screening Form** as well as the **Proof of Licensure Form** must be filled out completely by a qualified Medical professional. Qualified medical professionals are limited to either a licensed MD, RN, LVN, or one who is certified in Red Cross "CA Child Care" and has current First Aid and C.P.R. certification. Each registered guest (including leaders) must be named and listed on a Health Screening Form and screened by the above qualified medical professional. The Proof of Licensure Form must be completed by that medical professional. Retain copies for your records and originals must be submitted to Forest Home.

If you are unable to complete the forms prior to your arrival, you can schedule the Health Screening process with Forest Home. This will be done upon arrival and check in. This process is thorough and may take some time so please be prepared to work it into your arrival schedule.

Forest Home greatly appreciates your cooperation in this matter and we are committed to teaming with you in order to make this process seamless and as quick as possible. If you have any questions or concerns, please feel free to contact Amber Hicks at First Aid.

Sincerely,

Amber Hicks
Recreation & First Aid Coordinator



Health Screening Proof of Licensure

Dear Medical Professional,

The Health screening process must be completed by one of the following, a licensed MD, RN, LVN, or one who is a certified in Red Cross "CA Child Care" and has current First Aid and C.P.R. certification. Please provide your information below and attach a copy of your current certification or license. This form must be submitted along with the Health Screening Forms for each registered guest. Thank you for your cooperation in this manner.

Name _____

Street Address _____

City _____ State _____ Zip code _____

Phone () - _____ Email _____

Signature _____ Date _____

_____ Attach a Copy of your License or Certification Below _____

Camper/Counselor Roster & Health Screening

Please read all the directions on this page and follow them completely. Thank you!

Counselor Name: _____

Church Group _____

Camp: _____

Dates: _____

Week: _____

Housing: Tent _____ Cabin _____ (Be sure to include Cabin Unit Letter)

Counselors: We really need your help completing this form by Sunday Evening.

- Please **write the name of every counselor & camper** in your cabin in a line below.
- **Ask all campers the questions below**, numbers 1-5. If the answer to any of the questions is “YES” simply circle the number of the question or observation (1-12) in the box next to the camper’s name marked “**Screening Notes.**”
- Be sure to **include yourself and any other counselors** on this form.

Health Questions to Ask Each Camper:

1. Do you feel sick or ill?
2. Do you have a sore throat?
3. Do you have any medicine-including prescription, over-the-counter medication, vitamins, lozenges, eye drops, sprays and medical lotions or ointments (other than bug spray, non-prescription lotion for dry skin and sunscreen)-that did not get turned in at check-in?
4. Have you been exposed to anyone who was found to have head lice in the past two weeks?
5. Have you been exposed to anyone who is sick/ill with a contagious illness in the past two weeks?

Observations-Take a quick look at each camper to assess for the following:

6. Does the camper look sick or ill?
7. Is the camper coughing?
8. Is the camper scratching his/her head a lot?
9. Are the camper’s eyes red or do the camper’s eyes appear irritated or watery?
10. Does the camper have any visible skin rash?
11. Does the camper have any red bumps or scratches on the back of the hands or at the base of the fingers?
12. Does the camper have any physical limitations?

Note: Circle “N/A” under screening notes if nothing applies to the camper.

Counselor Assessment	Camper/Counselor Information - Please Print Legibly
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 NA	Name _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned In All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen.
Screening Notes 1 2 3 4 5 6 7 8 9 10 11 12 NA	Name _____ <input type="checkbox"/> Camper <input type="checkbox"/> Counselor <input type="checkbox"/> No Medication <input type="checkbox"/> Turned In All Medication <input type="checkbox"/> Keeping Inhaler <input type="checkbox"/> Keeping Epi Pen.
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I have received and completed the Health Screening Instructions and Assessment for campers in my cabin and also agree to comply with the mid-week health check and ensure good hygiene of all campers in my care as outlined in the counselor handbook and as instructed by the First Aid Staff.

Signature (Legal) _____ Date: _____