


# Camp Olympia Daily Health Screening

Staff/Camper Name: \_\_\_\_\_ Cabin: \_\_\_\_\_

	Temp*	How do you feel?	Cough	Shortness of Breath	Body Aches	Change in Taste or Smell	Sore Throat	Runny Stuffy Nose	Chest Tightness	Headache	Diarrhea	Nausea or Vomiting
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												

\*Temp - Fever is considered a temperature above 100.0° F  
If a fever is present and/or if individual is exhibiting any of the above symptoms, please bring the individual to the Nurses' Station for evaluation.