

NMC HEALTH SCREENING

**Please do not fill this out until the morning of camp registration.
Bring your completed form to the registration table.**

Student: _____

Grade: _____

Recent Health History

YES	NO	
		Has your child been exposed to a communicable disease (e.g. chicken pox, pink eye, ring worm, etc.) in the past 2 weeks?
		Has your child had a cough, cold, runny nose or sore throat in the past 72 hours?
		Has your child experienced nausea, vomiting, and/or diarrhea in the past 24 hours?
		Has your child had a fever of 100 degrees (F) or greater in the past 72 hours?
		Has your child complained of abdominal pain or a headache in the past 24 hours?
		Does your child have a rash/skin irritation that has not been evaluated by a health care provider?
		Does your child currently have head lice or been exposed to or treated for head lice in the past seven days?
		Has your child <i>or anyone in your household</i> been exposed to COVID in the last two weeks?
		Has your child <i>or anyone in your household</i> displayed symptoms of COVID in the last two weeks?

General Medical Questions

YES	NO	
		Has your child had a seizure in the past? Date of last seizure _____
		Does your child have an allergy to food, medication, and/or seasonal irritants (e.g., bee stings)?
		Does your child have a medical condition/diagnosis NOT requiring medication. Condition/diagnosis: _____
		Does your child have medication they have brought or are presently taking?
		Does your child have a chronic medical condition such as asthma, diabetes, epilepsy, etc.?

Check here if your camper's tetanus shot is **NOT** up to date.

If you have responded "YES" to any of the questions above, please report to the Camp Medical table as part of your registration process.

Parent Signature: _____

Date: _____