

**NMC KidMin SUMMER CAMP
HEALTH SCREENING**

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

Camper Name: _____

YES NO

Has your **child** or any **member of your immediate family**:

- ____ ____ Been exposed to a communicable disease (such as chicken pox, pink eye, ring worm) in the past two (2) weeks?
- ____ ____ Had a cough, cold, runny nose or sore throat in the past 48 hours?
- ____ ____ Experienced nausea, vomiting, and/or diarrhea in the past 24 hours?
- ____ ____ Had a fever of 100 degrees (F) or greater in the past 24 hours?
- ____ ____ Complained of abdominal pain or a headache in the past 24 hours?
- ____ ____ Had a rash or skin irritation in the past 7 days?
- ____ ____ Currently has or has been exposed to or treated for head lice in the last 7 days?

Has/is your **child**:

- ____ ____ Had a seizure in the past. Date of last seizure _____
- ____ ____ Allergic to food, medication, and/or seasonal irritants (dust, mold, pollen)?
- ____ ____ Brought or is presently taking medication?
- ____ ____ Has a medical condition/diagnosis not requiring medication?

Check here if tetanus shot is **NOT** up to date.

If you have responded "yes" to any of the above questions, please report to the **Camp Nurse** as part of your registration process.

Parent Signature: _____

Date: _____