

Health Screening Guidelines*

Please check the appropriate answers.

| Pre-Camp Arrival Screening | | |
|---|------------|---------------|
| • Have you been in close contact with a confirmed case of <i>Covid-19</i> in the past 14 days? | Yes | No |
| Are you experiencing a cough, shortness of breath or sore throat? | Yes | No |
| • Have you had a fever of over 100.4 degrees within the last 48 hours? | Yes | No |
| Have you currently lost your senses of taste and smell? | Yes | No |
| • Have you experienced vomiting within the last 24 hours? | Yes | No |
| Prior to departing to Eagle Rock, guests should self-check for any symptoms, including taking the Normal temperatures should not exceed 100.4. | ir tempera | iture. |
| Any guest who answers "yes" to any of the above screening questions will be ineligible to come to Please stay home for your sake and for others. | Eagle Roo | ck. |
| Health Screening at Eagle Rock Any guest that exhibits a fever above 100.4 or any other <i>Covid-19</i> symptoms listed above isolation for monitoring. Eagle Rock reserves the right to require additional local professive evaluation for guests. Since no one (staff or guests) is permitted to remain on campus with these continuing synthesis and agree to make arrangements for a timely return home if asked. I have read, understood, and completed this Eagle Rock Health Screening form. (Must have pare) | ional medi | ical uests |
| guardian sign if under 18 years old) Name of Participant (please print) | | |
| Signature | | |
| Date | | |

^{*} The above guidelines are derived from the State of Tennessee.