

Camp Tahquitz Health Screening
PROTECTED INFORMATION – NOT TO BE SHARED

TROOP: _____ Campsite: _____

		Notify camp office if these are missing		Have you shown any of, or been in contact with others who exhibited, the following symptoms within the past 24 to 48 hours prior to camp arrival?									
Scouts	Medical Form	Parent Release	Rifle release		Fever	Sore throat	Vomiting	Diarrhea	Severe itching	Open sore	Severe headache	Flu (sympto)	

		Notify camp office if these are missing		Have you shown any of, or been in contact with others who exhibited, the following symptoms within the past 24 to 48 hours prior to camp arrival?									
Leaders	Medical Form	Parent Release	Rifle release		Fever	Sore throat	Vomiting	Diarrhea	Severe itching	Open sore	Severe headache	Flu (sympto)	

Signature of Screener

Date