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Harlam.org | CampHarlam@URJ.org

COVID-19 Self-Assessment Health Screening

Prior to your visit at camp we ask that you print and complete this COVID-19 Self-Assessment Health Screening. If you have any symptoms on the day of your tour, please do not come to camp. You can contact us by email at rsteinberg@urj.org to let us know if you need to reschedule. Please bring a completed hard copy of this form with you to camp for review upon arrival.

Date: _____

Parent/s Name: _____

Future Camper/s Name: _____

- Please indicate if anyone in your household has had any of the following symptoms prior to the tour.

----- Symptoms: Cough ----- Shortness of breath or difficulty breathing ----- Fever ----- Chills

----- Muscle Pain ----- Sore Throat ----- New loss of taste or smell ----- Nausea/Vomiting

----- Diarrhea

- Have you, or anyone in the household or immediate family had any symptoms consistent with COVID19, cough, fever, child, shortness of breath, or loss of taste or smell within the last 72 hours?

Yes No

- Have you, or anyone in the household or immediate family had exposure to anyone suspected of having had or confirmed to have had COVID-19 in the last 14 days?

Yes No

- Have you, or anyone in the household or immediate family been diagnosed with COVID-19 within the last 14 days?

Yes No

- Have you, or anyone in the household or immediate family traveled to AL, AR, CA, FL, GA, ID, KA, LA, MS, MO, NV, OK, SC, TN, TX within the last 14 days:

Yes No If so where to:

- Have you, or anyone in the household or immediate traveled on a plane within the last 14 days?

Yes No If so where to:

Our signature indicates that we completed this health screening to the best of our ability.

Signature: _____ Date: _____

