

Welcome to SBR Health Screening!

To make this screening as effective and efficient as possible, please be ready to answer the following questions.
If you would like added privacy, please let the staff know.

1. In the last 24-72 hours have you...
 - had a fever?
 - had a new or worsening cough?
 - sore throat?
 - vomiting?
 - new or worsening shortness of breath?
 - diarrhea (unless due to known cause)?
 - sudden loss of taste or smell?
2. In the last 20 days have you...
 - been exposed to chicken pox or other communicable disease?
 - Examples: pink eye, head lice, measles, mumps, pin or ring worm, strep throat, COVID-19, bed bugs
3. Have you had any significant changes in your health in the past two months?
4. Take the temperature of the retreaters/staff person.
5. Is there anything else camp should be aware of with your health history?

Thank you for helping us keep camp a safe and healthy place.