

Camp Tahquitz Health Screening  
**PROTECTED INFORMATION – NOT TO BE SHARED**

TROOP: \_\_\_\_\_ Campsite: \_\_\_\_\_

Scouts	Medical Form	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?								
		Parent Release	Rifle release	Fever	Sore throat w/fever	Vomiting	Diarrhea	Severe itching	Open sore	Severe headache	Flu (symptoms)	

Leaders	Medical Form	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?								
		Parent Release	Rifle release	Fever	Sore throat	Vomiting	Diarrhea	Severe itching	Open sore	Severe headache	Flu (sympto)	

\_\_\_\_\_  
Signature of Screener

\_\_\_\_\_  
Date