



YMCA of the Triangle Overnight Camp Program MEDICAL PROTOCOLS AND PRACTICES

To minimize illness at Camp, we ask that you monitor the health of each participant (camper, parent, guardian, sibling) daily beginning five days prior to their arrival at Camp. **Upon arrival, you will be asked to verbally confirm completion but will not be asked to submit the actual paper form to Camp.**

Please visit our [Health Center webpage](#) for the most up to date information about health care at Camp, including information about how you can reach the Health Center and when you can expect to hear from our medical team.

Five-Day Temperature Check

Start date of temperature check/symptom screening: Day _____ Month _____

| DAY | 5 | 4 | 3 | 2 | 1 |
|----------------------------|--|--|--|--|--|
| Fever or symptoms present? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

(A fever is 100.4° and greater. Symptoms of COVID-19 or other flu-like illnesses: Fever, chills, shortness of breath or difficulty breathing, cough, new loss of taste or smell, headache, diarrhea/vomiting, fatigue, muscle/body aches.)

Pre-Screening Assessment

Please read carefully and check the appropriate answer.

| | |
|---|--|
| In the last five days, have you been diagnosed with or been in close contact with someone diagnosed with COVID-19 or the flu? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you been diagnosed with or treated for head lice in the last seven days? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you answer yes to any of the questions above, please call the number below (as it corresponds to your program) for further guidance.

- Camp Sea Gull: 252-249-1111
- Camp Seafarer: 252-249-1212