



**For California Camps:
Pre-Camp Health Screening**

Camp: _____ Dates: _____

Screening done by: _____
(print name)

Influenza-like Illness (ILI) is defined as fever (temperature of 100°F [37.8° C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than Influenza.

NAMES OF SYMPTOM-FREE CAMPERS AND LEADERS

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I certify I have screened all participants listed above: _____
Signature of Nurse or Physician Date