



Summer Camp at Armonk Tennis Club

COVID-19 Weekly Screening



All campers are required to self-monitor with the assistance of parents/guardians for symptoms of COVID-19, and to return this form weekly after their first week of camp. Symptoms to be aware of include:

- Fever of 100.4°F or greater
- Chills
- Cough
- Shortness of breath
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

It should also be determined whether in the past week the camper has traveled domestically or internationally, or been in close contact with a person who has been diagnosed with, tested for, or quarantined as a result of COVID-19.

ACKNOWLEDGEMENT OF WEEKLY SCREENING

I, the camper's parent and/or legal guardian, affirm that the individual has been monitored for the above symptoms of COVID-19 and has shown no symptoms. I also affirm that the individual has not traveled or been in contact with anyone suspected of carrying COVID-19.

Printed Name of Camper: _____ Birthdate: _____

Signature of Parent/Guardian: _____ Date: _____

Current Camp Week:

- Jun 29-Jul 2 Jul 6-9 Jul 13-16 Jul 20-23 Jul 27-30 Aug 3-6 Aug 10-13 Aug 17-20

This form must be emailed to camparmonk@armonktennis.com each Sunday after your child's first week of camp. To complete it online, please fill in each field (your typed name is considered a signature) and then choose to export as PDF (Safari) or print (most other browsers). If printing, you should select PDF as the printer destination. After then saving the file to your computer, you can attach it to an email message (subject: Camper Weekly Screening).

